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ABSTRACT

Throughout its 79 year history, the Child Welfare League of America has advocated for public policies that benefit America's children and families. This report presents the League's 1999 legislative agenda, focusing on stopping child abuse and strengthening families. The position statement details four issues identified as top legislative priorities for the first session of the 106th Congress: (1) improvement and expansion of prevention and treatment for substance-involved families in child welfare; (2) increased resources for independent living preparation and support for older youths in foster care; (3) protection of youths in custody and increased support for prevention and effective intervention as part of juvenile justice legislation; and (4) increased opportunities for permanency for children waiting for homes by extending adoption assistance to more children with special needs. The report also discusses the federal budget surplus and presents proposals in the President's budget for investments for children and families. The major part of the report presents background and actions taken for each of the four top legislative priorities, plus recommendations to restore Title XX block grant funds for child protection, invest in quality child care, ensure health care for children, help young people to prevent or cope with early parenthood, and preserve fair housing protections for children and youth. Four appendices define key legislative terms, list members of key congressional committees, discuss priorities for voter registration, and delineate seven steps for advocating for the children's legislative agenda. (KB)

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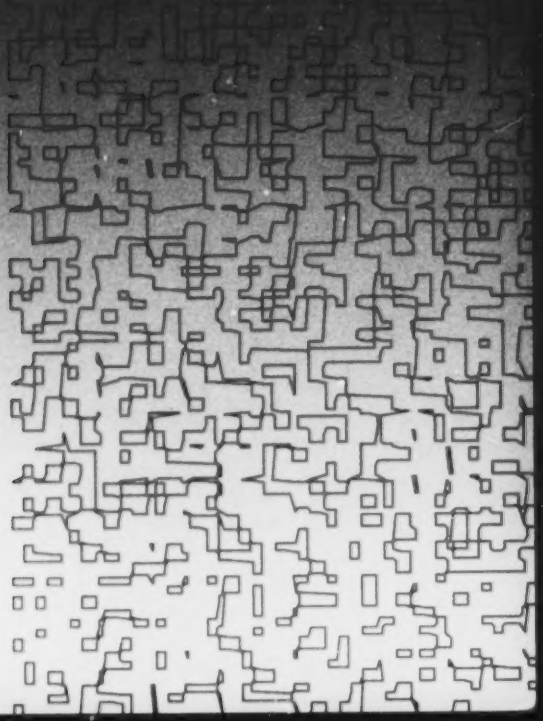

Children '99

1999 CHILDREN'S LEGISLATIVE AGENDA

BUDGET UPDATES & ISSUE BRIEFS

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CWLA'S 1999 CHILDREN'S LEGISLATIVE AGENDA

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PROTECTING AMERICA'S CHILDREN AND STRENGTHENING THEIR FAMILIES AND COMMUNITIES

Introduction

The Child Welfare League of America (CWLA) is a 79-year-old national membership organization of 1,000 public and private voluntary agencies located in every state and Congressional district. Created to improve the lives of the nation's most vulnerable children and families, CWLA has advocated for public policies that benefit America's children and families throughout its history. CWLA's work has become more essential than ever as Congress and the states step up the pace of policy changes that affect vulnerable populations.

In 1998, President Clinton and Congressional leaders put forward agendas that promised new opportunities to improve child care and health care. The administration and the states focused on the implementation of the new child welfare legislation, the Adoption and Safe Families Act (ASFA, P.L. 105-89), enacted in late 1997. Juvenile justice continued to be hotly debated, and threats to youths in need of group care emerged with new proposals to change the nation's fair housing law.

As a new Congress begins, states and localities face continuing challenges as decisionmaking moves down from the federal level. Despite federal and state budget surpluses, funding for children and family services remains inadequate. With states completing the implementation of new welfare programs, caseloads have dropped, but we still know very little about the impact on the children and families served, particularly those experiencing the most severe problems.

ASFA took effect in late 1997, and states spent much of 1998 updating their codes and policies and educating administrators and practitioners about the new law. On the welfare front, the changes enacted in 1996 have shown mixed results, with ongoing concerns about inadequate cash assistance to families, the lack of available of jobs that pay living wages, limited child care options, and the loss of benefits for children with disabilities and for needy legal immigrants. In addition, questions about the longevity of economic prosperity, the growth of managed care in child welfare, and funding shifts and pressures at the federal and state levels continue to generate apprehension and uncertainty about the prospects for protecting vulnerable children.

At the same time, the crisis of child abuse and neglect remains unabated. The numbers of children reported abused and neglected stand at an all-time high, and overall response systems

remain fragmented, overwhelmed, and inadequately financed. In 1997, more than 3.1 million children were reported to be physically, sexually, or emotionally abused or neglected, an increase of 41 percent since 1988. At least three children die from abuse or neglect each day in the United States—nearly half before they reach their first birthdays.

1998 Session Produced Limited Gains for Children and Families

The momentum for significant new investments for child care last year fizzled by the middle of the congressional session when the opportunity for revenue from a national tobacco settlement died. Congress also failed to approve any major patient protection legislation despite lengthy debate, legislative maneuvering, and strong public support. Inaction actually proved a plus in the deferral of both the harmful juvenile crime legislation and damaging proposals that would have undermined federal fair housing protections for youths in group care.

Squeezed by the election campaign season and increasingly consumed by charges against the president, Congress ran out of time and failed to pass separate appropriations bills for several agencies that administer programs for children, youths, and families. Passed instead was an omnibus spending bill for FY 1999 that, for the most part, provided funding at the FY 1998 level for many children- and youth-serving programs. However, as lawmakers sought revenues to pay for various legislative initiatives, the Congress adopted the president's funding proposal to significantly cut Title XX of the Social Services Block Grant, used by states to support vital child protective services, child care, and other human services.

Modest progress was registered in a few areas: Congress successfully reauthorized the Head Start program and increased funding for it and other child care programs. The final spending bill also contained first-time funding for the adoption incentive payments authorized by ASFA and additional funding for the Promoting Safe and Stable Families program (formerly Family Preservation and Support Services), Adoptions Opportunities, and child welfare training. Prevention programs in several areas received various funding increases.

States, meanwhile, continued to raise many questions as they moved forward with implementation of ASFA and awaited regulatory guidance from the U.S. Department of Health and Human Services (HHS). As 1999 began, HHS was reviewing comments on the new program's first set of rules. More states also are experimenting with child welfare innovation. Eighteen states now have approval for Title IV-E child welfare demonstration projects, and HHS may approve up to 10 more in FY 1999.

Challenges and Opportunities in 1999

Economic growth has produced higher than expected surplus projections over the next several years, and saving Social Security, cutting taxes, increasing defense, reducing the national debt, and making new investments have become the top priority choices jockeying for resources. The budget surplus and Social Security constitute the two biggest policy challenges for the

president and Congress this year, and decisions about these issues will determine resources available for other spending.

For the second year in a row and only the second time in 30 years, a president submitted a balanced budget to Congress. President Clinton's FY 2000 budget includes several new investments in children and families. It features a new child care package worth more than $18 billion over five years. Included are funding increases for the Child Care and Development Block Grant, Head Start and after-school and summer school programs, and a new tax credit of up to $250 per year to help nonworking parents care for children under age one. The budget proposal also includes a 24 percent increase, to $358 million, in federal grants to states for services to children and adults with mental illness.

Among the many new initiatives so far announced by the president, two relate directly to child protection and permanency. One, announced at the end of last year, would combat violence against children by encouraging tougher prosecution of those who victimize children. This proposal would also provide assistance to children exposed to violence, a step aimed at reducing child abuse and the likelihood of later involvement of abused children in dangerous and illegal activity. At the end of January 1999, the president proposed a major initiative to support youth leaving foster care to make the transition to independence and self-sufficiency. The initiative would increase funding for Independent Living Services and transitional living programs, establish a program of limited financial assistance to youths leaving care, and give states the option of extending Medicaid to youth people leaving foster care up to age 21.

Implementation of the ASFA and additional improvements will remain a prime focus in 1999. Congress will begin assessment of ASFA and other child welfare policies. The states, private agency providers, and the courts have all identified areas for improvements and additional supports. ASFA itself identified several key issues and mandated reports to the Congress in the following areas: the interstate placement of children; substance abuse and child protection services; kinship care; a performance-based incentive system; and outcome measures for rating the performance of the states. The mandated study on the development of an incentive system to provide foster care and child welfare payments, along with the calls for greater funding flexibility, has renewed debate about a possible block grant of child protection and child welfare programs and raised concerns about the continuation of guaranteed support tied to individual children in care.

Congressional leaders have begun to respond to the continuing call for improving safety and permanency for vulnerable children. They have already introduced or are drafting proposals to enhance adoptions of children with special needs; to improve the capacity of the courts to make good and timely decisions; and, to ensure that incarcerated children and youth receive needed mental health screening and treatment. Nancy Johnson (R-CT), the new chair of the House Ways and Means Subcommittee on Human Resources, has indicated her intent to examine and hold hearings on an array of child welfare issues.

On juvenile justice and youth crime issues, Congress will pick up where it left off in 1998. The 105th Congress completed business without passing harmful juvenile crime

legislation. In January 1999, various proposals were again introduced in the Senate, and more are expected there and in the House. The Violent and Repeat Juvenile Offender Accountability Act, S. 254, introduced by the chief proponents of passing legislation last year, improves on last year's proposals, but still fails to provide adequate focus on prevention or the resources to address the needs for appropriate interventions, and would weaken current protections. This matter again will require strong advocacy to ensure juvenile justice.

Congress will take up health care issues again in 1999, focusing on patient protections, work left unfinished last year, and health care for the uninsured, a key element in the president's 1999 agenda. The president's plan would offer employers with fewer than 50 workers tax credits for two years if they offered their employees health insurance.

CWLA will continue to advocate for action that retains the guarantee of support for abused and neglected children who need care, increases support for vital services and training, and improves the capacity and effectiveness of systems and programs that serve vulnerable children and families.

CWLA's 1999 Agenda: Continuing to Improve Child Safety and Permanency

The 105th Congress ended with a considerable unfinished agenda on ensuring safety, security, stability, and permanency for vulnerable children and families. The implementation of ASFA, although well under way, continues with difficulty due to many still unanswered questions and few new resources. It is further complicated by the uncertainty over welfare and managed care. This year, CWLA will continue to focus on what's needed to realize the promise of ASFA and on what more can and should be done to advance the safety, health, and well-being of the nation's most vulnerable children and their families.

Our CWLA **1999 Legislative Agenda** complements and advances CWLA's 10-year initiative, ***Protecting America's Children: It's Everybody's Business (PRAC)*** to stop child abuse and strengthen families. We call again for a meaningful national strategy—a position CWLA has reiterated since the 1993 issuance of *An Urgent Call...for a National Plan for Children and Their Families.*

CWLA urges continued use of its *Pledge to America's Children in Need,* which proposes 10 principles to help policymakers evaluate proposals that affect children in need and their families. This and other guides can help educate policymakers about the conditions of vulnerable children and families and also help ascertain how elected officials and other policymakers respond.

Child abuse and neglect and youth violence can be reduced and prevented. Troubled families can be helped to overcome their problems. Children who have been abused or neglected can be protected from further harm and assisted to become healthy, productive adults. Supporting programs that prevent or treat child abuse and neglect can save thousands of lives and billions of

dollars each year. We can and must help young people become productive adults. We can and must help create caring communities.

With this knowledge and in this spirit and with the federal guarantee of basic protection and care for abused and neglected children as our overarching priority, CWLA has identified four issues as top legislative priorities for the first session of the 106th Congress:

- Improvement and expansion of prevention and treatment for substance-involved families in child welfare.
- Increased resources for independent living preparation and support for older youths in foster care.
- Protection of youths in custody and increased support for prevention and effective intervention as part of juvenile justice legislation.
- Increased opportunities for permanency for children waiting for homes by extending adoption assistance to more children with special needs.

CWLA will focus attention on advancing this agenda, but other issues will command our advocacy as well. Proposals to promote quality child care, fair housing, and health care for children and families in child welfare will also require action to keep children safe and secure in permanent families. This **1999 Legislative Agenda** provides background and action steps on these four priority issues, as well as several others that are essential to ensuring child safety and permanency.

KEY PRIORITIES:
1999 CHILDREN'S LEGISLATIVE AGENDA IN REVIEW

ISSUES & PROGRAMS	ACTION REQUIRED IN 1999— A CHILD ADVOCATE'S CHECKLIST
PROVIDING PROTECTION AND CARE FOR ABUSED AND NEGLECTED CHILDREN	✓ Preserve the federal guarantee of support for care of abused and neglected children ✓ Increase new investments and advance policies as outlined in the ***Agenda*** on behalf of abused, neglected, and vulnerable children and troubled families
PREVENTING AND TREATING SUBSTANCE ABUSE IN FAMILIES IN THE CHILD WELFARE SYSTEM	✓ Develop and urge support for the multiple coordinated approaches necessary to respond appropriately to families in child welfare who have substance abuse problems, with emphasis on: • Research to fill in our knowledge base about who is affected and what can be done effectively • Training of child welfare and substance abuse workers to help them understand the issues of each system, and to enable them and their systems to work together to better serve families • Treatment capacity building to assure an array of treatment options and the necessary support services, including transportation and child care
SUPPORTING YOUNG PEOPLE MOVING FROM FOSTER CARE TO INDEPENDENCE	✓ Provide access to foster care maintenance and other supports to youths in care to age 21 ✓ Increase aftercare services available to each youth leaving care as a young adult ✓ Increase coordination of policies and services administered by the Departments of Health and Human Services and Housing and Urban Development to establish transitional housing support for youths leaving care ✓ Increase funding for Independent Living Services

Preventing Crime and Ensuring Justice for Young People in Custody	✓ Increase resources for prevention and alternative programs and services ✓ Enhance legislative focus on prevention, protections, and treatment for children in custody ✓ Oppose legislation that fails to invest adequately in prevention and early intervention, removes or limits protection for children and youths in detention, or undercuts our system of juvenile justice ✓ Reauthorize the Juvenile Justice and Delinquency Prevention Act ✓ Support efforts to improve conditions of and services to youths in custody
Promoting Adoption of More Children with Special Needs	✓ Change federal adoption assistance eligibility requirements so that more children with special needs find adoptive homes
Supporting Vital Social Services	✓ Restore funding for Title XX, the Social Services Block Grant, to support services that protect abused and neglected children, help families avert crisis, assist low-income families with child care, and provide assistance to elderly persons or individuals with disabilities
Investing in Quality Child Day Care	✓ Increase child care resources to meet the increasing needs of single parents and two-parent working families, and families moving from welfare to work ✓ Target resources for quality improvement, professional development, and compensation, including options that would increase reimbursement rates ✓ Improve standards and enforcement to help assure child safety

Ensuring Health Care for Vulnerable Children	✓ Preserve the federal guarantee of Medicaid for all poor children ✓ Assure full implementation of the Early, Periodic Screening Diagnosis and Treatment program ✓ Ensure that Medicaid and the new State Child Health Insurance Program (SCHIP) efforts provide comprehensive, coordinated health care services for child and families in the child welfare system ✓ Increase the availability of high-quality, community-based mental health services for children ✓ Improve Medicaid benefits and broaden health insurance coverage for uninsured children ✓ Preserve services to children affected by HIV/AIDS who receive assistance under the Ryan White CARE Act
Helping Young People Prevent or Cope with Early Parenthood	✓ Fund comprehensive sexuality education programs that include information in an age and developmentally appropriate manner on sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles ✓ Reauthorize and increase funding for the Title X family planning program ✓ Fund training for human service professionals around pregnancy prevention issues ✓ Expand data collection to include information on teen mothers receiving TANF ✓ Ensure a full spectrum of programs and services to young pregnant and parenting women to ensure their well-being and that of their children ✓ Fund efforts to ensure family planning information to young men and job opportunities and parenting classes for fathers
Preserving Fair Housing Protections for Children and Youths	✓ Preserve basic protections under the federal Fair Housing Act that ensure that vulnerable children and youths can live in group homes in community settings. ✓ Forge constructive relationships between state and local governments, neighbors, service providers, and residents of group homes to assist communities find ways to accommodate the needs of children and youths who need to live in group care settings and to help group care facilities respond to community concerns.

THE FEDERAL BUDGET AND CHILDREN

The Economy Is Booming, the Federal Budget Is in Surplus

The federal budget surplus for the current fiscal year is $107 billion, a $37 billion increase over last year, and the largest in the history of the U.S. After 29 years of deficit spending, this will be the second consecutive year that the federal budget has a surplus.

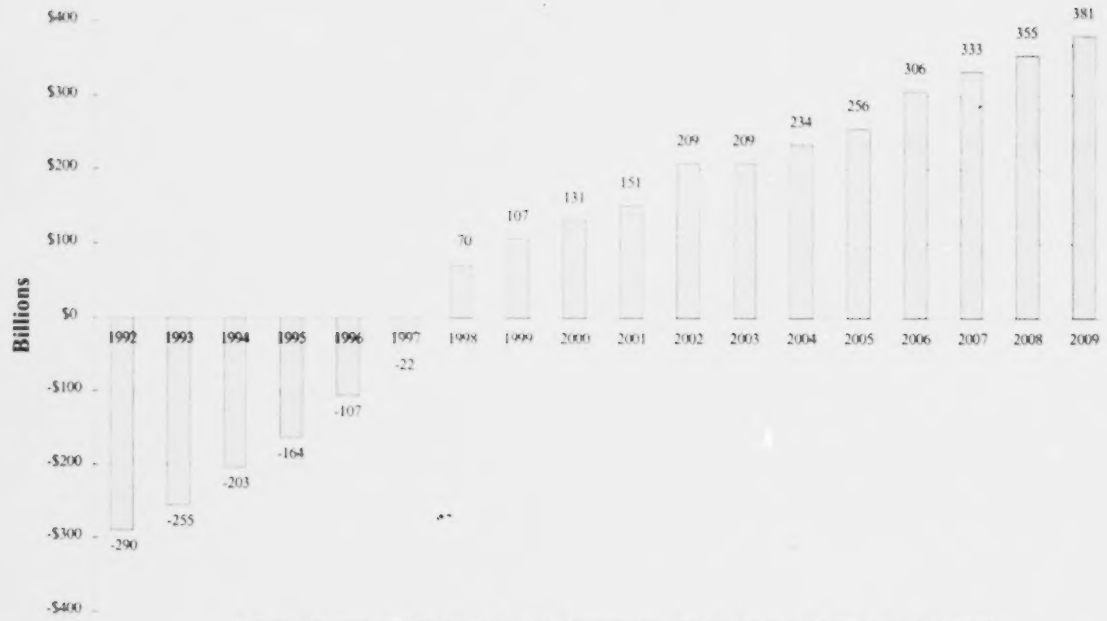
New estimates from the Congressional Budget Office project a federal budget surplus of as much as $2.7 trillion over the next ten years. These new estimates suggest that $787 billion of the projected surplus over the next decade could come from outside Social Security. Until now, nearly all of the surpluses over the next decade have been projected to come from Social Security taxes beyond what is needed to pay current beneficiaries. What had been expected to be a 10-year deficit of about $9 billion in the non-Social Security part of the federal budget for FY 1999 through FY 2008 is now expected to be a surplus of about $787 billion from FY 1999 through 2009.

Budget Discussion Focuses on the Surplus

The new budget surplus projections have set the stage for continuing contentious budget debates this year. These projections fuel the Republican Congressional leadership's plans for broad tax cuts. At the same time, it rekindles hopes by the White House and Congressional Democrats for new domestic spending. Reaching a consensus over tax cuts versus new spending could lead to what Congressional leaders have pledged to avoid this year—a repeat of last year's long and drawn-out budget quarrels.

Last year the House and Senate never agreed on a budget resolution, the standard blueprint for federal spending that is due each year by April 15th. This action delayed work of setting the annual spending levels in the 13 annual appropriations bills, necessitating the passage of six stop gap spending bills to keep the government running beyond the October 1 start of the new fiscal year. During the same period, the Congressional Republican leadership continued to push unsuccessfully for $177 billion in tax cuts. Congress did not pass a final budget bill covering FY 1999 spending until October 21, 1998. That measure consolidated eight of the annual spending bills, including the bill that funds the U.S. Department of Health and Human Services that provides support for most programs serving children.

Federal Budget Deficit & Projected Surpluses 1992-2009



Source: Congressional Budget Office. The Economic and Budget Outlook: Fiscal Years 2000-2009.

The Future of Social Security Shapes Budget Debate

Both President Clinton and Congress have agreed to attempt to address the solvency of Social Security this year. By 2013, the Social Security System will begin eating into its reserve to pay benefits. By 2032, the trust fund will exhaust all its reserves, and the revenue it will take in from payroll taxes are projected to meet only 75 percent of promised benefits, leaving the system insolvent.

Last year, the president and Congressional Democrats held firmly that all the existing budget surplus should be reserved until the solvency of Social Security is ensured. Given the new budget surplus projections this year, the president has suggested another approach. In his State of the Union message, President Clinton proposed to reserve 62 percent of the federal budget surplus for the next 15 years for Social Security. That proposal frees up the remaining portion of the surplus, which will be the focus of budget debates this year. The president proposes new spending using the surplus; the Congressional majority leadership has identified a 10 to 15 percent across-the-board reduction in income tax rates as their number one priority.

Tax Cut Gains Momentum with New Budget Surplus Forecast

The Republican majority leadership announced its number one priority is to pass at least a 10 percent across-the-board income tax cut to become effective this year. A tax cut of that

magnitude—an estimated $700 billion to over $1 trillion dollars over 10 years—would use up the surplus without providing any additional support for vulnerable populations and poses the greatest threat to any increase in spending for children and families in need.

A 10 percent tax rate cut would also disproportionately benefit the highest-income taxpayers, while providing little or no tax relief to millions of moderate-income working families with children. Under the plan, taxpayers making less than $38,000 would receive an average tax cut of $99 per year. For the one percent of taxpayers making more than $301,000, the average tax cut would be $20,697 annually.[1]

President Clinton's threat to veto any tax cuts financed by use of the budget surplus was successful in keeping Congress from passing any in 1998 on the grounds that such a plan would endanger the Social Security retirement system. This year a tax cut will be harder to block, since the Congressional leadership is growing confident that taxes can be cut without putting Social Security in jeopardy.

Defense Spending Increases Likely

Both the president and Congressional leaders want to increase defense spending. The president proposes a $12 billion increase for FY 2000, and $110 billion over six years. Republican Congressional leaders are seeking an even greater increase of $20 billion this year. The rules governing the federal budget change this year, allowing domestic and defense programs to compete for the same pool of funds. The previous budget rules segregated defense and domestic spending.

More Than One-third of the Surplus Was Spent Last Year

Last year's budget agreement used $21 billion of the existing budget surplus on "emergency spending" including spending for Bosnia peacekeeping, defense readiness, an antiballistic missile program, hurricane relief, and aid for farmers affected by bad weather. Last year's omnibus budget bill also relied on accounting maneuvers effectively to borrow $9 billion from FY 2000 to pay for additional spending in the current year for domestic programs, such as education programs for low-income children.

1997 Balanced Budget Act Still Imposes Strict Limits on Spending

The budgetary rule change this year does not lift the spending caps of the balanced budget agreement. Unless a consensus is reached on spending the existing surplus, there will be no room for new spending under existing budget limits, and Congress will have $30 billion less than last year to spend on domestic discretionary programs.

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[1] Citizens for Tax Justice. (January, 1999). *Proposed 10% income tax rate cut would cost more than a trillion over the next decade*. Washington, DC: Author.

President Clinton Proposes Budget; Includes Some New Investments for Children and Families

President Clinton's FY 2000 budget includes new spending for services for children and families. The president's budget relies on new taxes and future surpluses to fund these initiatives. The president proposes using 62 percent of the federal budget surplus over a 15-year period for Social Security, 15 percent for protecting Medicare, 11 percent for new government subsidized retirement accounts, and the remainder for other initiatives, the largest of which would add $110 billion for defense spending. The president's budget will seek to raise revenues by imposing a federal tax increase of 55 cents a pack on cigarettes to help pay for new domestic and military spending programs. This tax could raise $8 billion a year over the next five years.

Youths Leaving Foster Care

The president's budget includes $280 million over five years to help young people transition from foster care to self-sufficiency. The budget supports a four-part initiative: (1) a $35 million increase in funding states receive annually for the Title IV-E Independent Living program, bringing the total funding to $105 million; (2) a new mandatory spending program of $50 million over four years ($5 million for FY 2000) to fund competitive grants to states to support living expenses of youths; (3) a $5 million increase, from $15 to $20 million, in funding for the Runaway and Homeless Youth Transitional Living Program that provides shelter and services to homeless youths ages 16 to 21; and (4) an option for states to provide Medicaid coverage for children leaving foster care up to age 21.

Title XX Social Services Block Grant

The president's budget includes funding at the full authorization level of $2.38 billion for Title XX. This is an increase of $471 million over last year and a reversal for the administration that last year proposed the $390 million cut, which Congress ultimately adopted for FY 1999 funding.

Child Care and Early Intervention

The president's budget proposal for child care will expand the Child Care and Development Block Grant by: (1) increasing funding for child care subsidies by $7.5 billion over five years, enabling the program to serve an additional 1.15 million children by FY 2004; (2) providing $3 billion over five years to promote early learning; and (3) providing $173 million to improve quality. The proposal also includes the largest increase ever, $607 million, for Head Start. In addition, the president's budget expands the child and dependent care tax credit for families making less than $60,000 to help parents pay for child care. This expansion would cost $5.6 billion over five years. Tax relief of up to $250 per child would also be offered to parents who stay at home to care for a child under the age of one.

After School Care

The administration is seeking a 200 percent increase for after-school and summer school programs, raising funding from $200 million to $600 million. The U.S. Department of Education disperses the funds for these 21st Century Learning Centers directly to local schools

and programs that provide after-school activities with an educational component. The Learning Centers program, which started two years ago on a small scale, has grown to benefit 380,000 students in 800 school districts. With the additional funding proposed by the president, the program would expand to serve 1.1 million children. The program is targeted at keeping children of working parents off the streets and in supervised settings between 3 and 8 p.m. after school hours, the peak hours for juvenile crime.

Mental Health Services

The budget proposal includes a 24 percent increase, totaling $358 million in the mental health block grant to enable states to enhance and expand their efforts to assist children and adults with mental illness. The White House will also hold the first-ever White House conference on mental health in 1999, under the leadership of Tipper Gore.

Welfare to Work

The president's budget adds $1 billion for the welfare-to-work program, designed to help an additional 200,000 long-term welfare recipients find jobs and become self-sufficient.

Housing Assistance

President Clinton's budget proposal includes $580 million for 100,000 additional housing assistance vouchers for families to secure affordable, decent housing. Twenty-five thousand of these new vouchers would be designated to enable people receiving welfare move closer to a new job.

Funding for Selected Children's Programs

Chart 1

	FY 98 (in millions)	FY 99 (in millions)	FY 2000 Adminstration Request (in millions)
PROTECTIVE AND PREVENTIVE SERVICES			
Child Welfare Services Program (Title IV-B)	$291.5	$292.0	$292.0
Promoting Safe and Stable Families Program (Title IV-B, Subpart 2)[1]	255.0	275.0	295.0
Child Welfare Training (Title IV-B)	6.0	7.0	7.0
CAPTA Child Protective Services State Grant Program	21.0	21.0	21.0
CAPTA Discretionary Grants Program	14.1	14.2	14.2
CAPTA Community-Based Family Resource Centers	32.8	32.9	32.9
Social Services Block Grant (Title XX)	2,299.0	1,909.0	2,380.0[2]
Indian Child Welfare Grant Program	13.6	13.6	13.6
OUT-OF-HOME CARE SERVICES			
Foster Care Program (Title IV-E)[3]	3,540.3	3,982.7	4,537.0
ADOPTION SERVICES			
Adoption Assistance Program (Title IV-E)[3]	700.7	868.8	1,020.0
Adoption Opportunities Act	23.0	25.0	27.0
Adoption Incentive Payments[4]	—	20.0	20.0
CHILD DAY CARE SERVICES			
Child Care and Development Block Grant (discretionary funding)	1,000.0	1,182.7	1,182.7
Child Care and Development Block Grant (mandatory funding)	2,070.0	2,167.0	2,367.0
Head Start	4,347.4	4,660.0	5,267.0
HEALTH CARE SERVICES			
Children's Mental Health Services Program	72.9	78.0	78.0
Mental Health Performance Partnership Block Grant	275.4	288.8	359.0
Ryan White Comprehensive AIDS Resources Emergency Act- Title IV (Pediatric & Adolescent AIDS Service Projects)	40.8	46.0	48.0
Individuals With Disabilities Education Act: Early Intervention Services Program (Part H)	418.0	439.0	390.0
Family Planning Program	202.9	215.0	240.0
SUBSTANCE ABUSE SERVICES			
Abandoned Infants Assistance Act	12.2	12.3	12.3
Substance Abuse Prevention Partnership Block Grant	1,310.0	1,585.0	1,615.0

	FY 98 (in millions)	FY 99 (in millions)	FY 2000 Adminstration Request (in millions)
HOUSING AND HOMELESSNESS ASSISTANCE			
Family Unification Program	[5]	[5]	[5]
Welfare-to-Work Housing Vouchers	—	283.0	144.0
YOUTH SERVICES			
Independent Living Program (Title IV-E)	70.0	70.0	105.0
Grants to Support Transitional Living Expenses[6]	—	—	5.0
Runaway and Homeless Youth Act (Basic Centers)	43.6	43.7	43.7
Transitional Living Program for Homeless Youth	14.9	14.9	20.0
Grants to Reduce the Sexual Abuse and Exploitation of Runaway, Homeless and Street Youth (Street-based Services)	15.0	15.0	15.0
National and Community Service Activities	425.5	435.5	545.0
Juvenile Justice and Delinquency Prevention Act State Formula Grants	96.5	89.0[7]	89.0
Discretionary Grants for National Programs and Special Emphasis Programs	45.2	42.8	46.8
Youth Gangs	12.0	12.0	12.0
Juvenile Accountability Incentive Block Grant Program	250.0	250.0	0
Juvenile Justice State Challenge Activities	10.0	10.0	10.0
Juvenile Mentoring	12.0	12.0	12.0
Delinquency Prevention Grants	20.0	95.0[8]	95.0[9]

Chart Notes

1 The Adoption and Safe Families Act of 1997 (P.L. 105-89) retitled this program from Family Preservation and Family Support Program.

2 Proposal reduces the amount that a state can transfer from TANF to Title XX from 10 percent to 4.25 percent annually.

3 Because this is an entitlement program, its annual funding is automatically set at the level required to fund the services authorized for eligible persons. Statutory changes in eligibility or benefit levels, as well as changes in the number of eligible persons actually participating, affect federal outlays.

4 These payments were authorized in the Adoption and Safe Families Act of 1997 (P.L. 105-89).

5 Funds for this program are to be drawn from the overall appropriation for Section 8 low-income rental assistance.

6 New capped entitlement program of competitive grants for states to support living expenses of youth exiting foster care.

7 A portion ($26.5 million) of the state formula grants is reserved for states that have adopted (or will have in effect not later than one year after date of application) policies and programs that ensure that juveniles are subject to accountability-based sanctions for every act for which they are adjudicated delinquent.

8 $50 million of this program is reserved for a safe school initiative, tribal youth programs, and enforcement of underage drinking laws.

9 $40 million of this program would be reserved for drug prevention efforts, tribal youth programs, and a new initiative to prevent and reduce youth gun violence.

PREVENT AND TREAT SUBSTANCE ABUSE IN FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM

The Facts

Substance abuse devastates the lives of hundreds of thousands of American children and their families each year. A major factor in child abuse and neglect, substance abuse is associated with the placement of at least half of the children in the custody of child welfare.[1] Substance abuse is a treatable public health problem[2] with cost-effective solutions.[3] If parents who abuse alcohol and other drugs receive the treatment services they need, in many instances children can remain safe and family breakup can be averted. Good assessment and early intervention are the keys to the best decisionmaking in determining when and if a child can safely stay at home or be reunited with their family. Substance abuse has become a particularly compelling issue since the enactment of the Adoption and Safe Families Act of 1997 (ASFA, P.L. 105-89).

- Eighty-eight percent of states reporting stated that parental substance abuse and poverty are the top two problems in child protective caseloads.[4]

- Eighty percent of child welfare professionals surveyed say that substance abuse exacerbates most cases of child abuse and neglect they face.[5]

- Sixty-seven percent of child welfare professionals surveyed believe that chemically affected families are "much more likely" or "more likely" to re-enter the child welfare system over a five-year period than families for whom substance abuse is not a problem.[6]

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[1] Child Welfare League of America. (1997). *Alcohol and other drug survey of state child welfare agencies*. Washington, DC: Author.

[2] Physician Leadership on National Drug Policy. (March 1998). Press release of a study sponsored by the Physician Leadership on National Drug Policy.

[3] Finigan, M. (1996). *Societal outcomes & costs savings of drug and alcohol treatment in the state of Oregon*. Salem, OR: Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resources and Governor's Council on Alcohol and Drug Abuse Programs.

[4] National Committee to Prevent Child Abuse. (1998). *Current trends in child abuse reporting and fatalities: NCPCA's 1997 annual fifty state survey*. Washington, DC: Author.

[5] The National Center on Addiction and Substance Abuse at Columbia University. (1999). *No safe haven: Children of substance-abusing parents*. New York: Author.

[6] Child Welfare League of America. (1997). *Alcohol and other drug survey of state child welfare agencies*. Washington, DC: Author.

- Children whose parents abuse drugs and alcohol are almost three times more likely to be abused and more than four times more likely to be neglected than children of parents who are not substance abusers.[7]

- Public child welfare agencies are able to provide treatment for only a fraction of the nearly 67 percent of parent caregivers requiring alcohol and other drug (AOD) services.[8]

The Context

The Adoption and Safe Families Act of 1997 expedites permanency decisions for children in out-of-home care. States are now required to initiate proceedings to terminate the parental rights of parents whose child has been in foster care for 15 of the most recent 22 months. The ability of child welfare agencies to respond to client substance abuse problems depends on the responsiveness of other systems. This requires strengthening the links between the child welfare system and the alcohol and other drug services system, improving methods to screen and assess substance abuse problems, and ensuring the availability of a range of appropriate prevention and treatment services.

Despite this mandate, judges will be unwilling to terminate parental rights (TPR) and dissolve families if parents have not been given the opportunity for appropriate substance abuse treatment. As a result, permanency decisions will be delayed and children will remain in foster care. Conversely, judges could order more TPRs despite the fact that appropriate treatment had not been made available.

The severity of the problems of substance abuse and their impact on families in the child welfare system have received increasing attention from public and private agencies. As mandated by ASFA, the Department of Health and Human Services will soon report recommendations to Congress to improve the provision of substance abuse services to families in the child welfare system. This report will document the extent and impact of drugs and alcohol on the child welfare population and will help direct future legislative and programmatic remedies. Other recent reports that have served to raise the visibility of substance abuse include CWLA's *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy*; the Children's Defense Fund's *Healing the Whole Family: A Look at Family Care Programs*; the National Center on Addiction and Substance Abuse at Columbia University's *No Safe Haven: Children of Substance-Abusing Parents;* and a U.S. General Accounting Office report, *Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers.*

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[7] Kelleher, K., Chaffin, M., Hollenberg, J., & Fischer, E. (1994). Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample. *American Journal of Public Health*, 84(10), 1586-1590.

[8] Child Welfare League of America. (1997). *Alcohol and other drug survey of state child welfare agencies.* Washington, DC: Author.

Action Required

✓ Develop the multiple approaches necessary to respond appropriately to families in child welfare who have substance abuse problems.

CWLA is working with our membership, other national organizations, administration officials, and members of Congress to develop a major legislative initiative to effectively address the issues of substance abuse and child welfare. The approaches involve:

Research
The consequences of substance abuse have been firmly established, yet there is an ongoing need for research to more accurately gauge effects and determine the very best practices and protocols for assessment and treatment. There are significant gaps in our knowledge on the actual number of parents involved with the child welfare system who need substance abuse treatment services, agencies' ability to provide it, and the cost to provide appropriate services.

Training
Professionals and others involved in child welfare cases, including social workers, judges, other court personnel, and caregivers, need training in assessing and addressing issues of substance abuse in the families they serve. Similarly, substance abuse professionals need training to better understand the unique issues of families involved in the child welfare system. Improved linkages between the child welfare and substance abuse communities will help these systems better serve families.

Treatment capacity building
The substance abuse treatment resources available to families in the child welfare system are insufficient—and often inappropriate. Substance-abusing families need a continuum of treatment options that are specifically tailored to their special needs. These programs must both protect the well-being of children and strengthen families. In addition to counseling, intervention, and treatment, families must be assured necessary support services, including transportation and child care.

The Message

- Substance abuse issues have an immense impact on society in general and the child welfare system in particular. Public policy in this area is fragmented, and inadequate.

- Public and legislative debate must consider the best interest of children, families, and their communities.

- Substance abuse is a treatable public health problem, with effective and cost-beneficial remedies.

- All families involved in the child welfare system must have access to the range of necessary

substance abuse and support services.

- Partnerships between child welfare and substance abuse agencies at federal, state, and local levels will help improve safety and permanence for children and appropriate prevention and treatment services for their families.

Next Steps

✓ Educate policymakers on the need for effective substance abuse prevention and treatment for families involved in the child welfare system.

✓ Urge Congress and the Administration to develop policy initiatives and support increased funding that expand the availability and range of substance abuse prevention and treatment services and make these services more available to parents and children in the child welfare system.

✓ Support reauthorization of the Substance Abuse and Mental Health Services Administration (SAMHSA), the primary source of federal funding for state agencies providing alcohol and drug abuse treatment and prevention services.

✓ Enlist the support of colleagues and friends in the substance abuse prevention and treatment community—and elsewhere—who can help make the case for needed prevention and treatment services from their unique perspectives.

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SUPPORT YOUNG PEOPLE IN MAKING THE TRANSITION FROM FOSTER CARE TO ADULTHOOD

The Facts

Adolescents constitute a major segment of the youngsters the child welfare system serves. Most youths enter out-of-home care because of abuse, neglect, and exploitation. Others have run away from home or have no homes. Like all youths, those in out-of-home care need assistance to make the transition to independence. Vulnerable young people in foster care often need special help and support. They often have histories of significant abuse, neglect, and multiple placement that greatly compromise their prospects of successfully making the transition to independence. These young people often find themselves truly on their own, with few, if any, financial resources; limited education, training and employment options; no place to live; and little or no support from family, friends, and community. The resulting cost to the youths themselves, their communities, and society at large is unacceptably and increasingly high.

- Currently, teens represent approximately 30 percent of the foster care population.[1]

- Each year, 25,000 to 35,000 of these older youths "age out" of foster care and must make the transition to self-sufficiency.[2]

- Twenty-five to 40 percent of young people emancipating from foster care experience homelessness, only about half have completed high school, less than half have jobs, and over 60 percent of young women leaving care will have a baby within 4 years.[3]

- Youth who receive support up to age 21 to complete higher education are more likely to obtain living-wage employment, less likely to become pregnant as teenagers, less likely to become involved in the criminal justice system, and less likely to become homeless or to join the welfare rolls after leaving care.[4]

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[1] Child Welfare League of America. (1998). *State agency survey.* Washington, DC: Author.

[2] Cook, R. (1992). *A national evaluation of Title IV-E foster care independent living programs for youth, phase 2 final report.* Rockville, MD: Westat, Inc.

[3] Cook, R. (1992).

[4] Cook, R. (1992).

The Context

The Independent Living Services (ILS) program under Title IV-E of the Social Security Act [42 U.S.C.A §677] was established in 1986 to assist young people emancipating from foster care in making the transition to independence. The program offers youths such services as counseling and instruction in basic housekeeping and money management, assistance in finishing high school and preparing for college, and assistance in obtaining employment. Congress has amended the program several times since then—increasing funding; permitting states to provide independent living services to all youths in foster care up to age 21; and permanently authorizing the program with funds capped at $70 million.

Policymakers have become increasingly aware that more improvements in services to youths are necessary to address the formidable challenges facing young people leaving foster care. Virtually all states do provide ILS to youths over age 18 in foster care, but the majority only reach half of the youths eligible to receive the services and the limited ILS resources barely touch many of the most serious issues young people leaving foster care face. The availability of services varies widely among the states, as does eligibility for participation in ILS programs. The inaccessibility of affordable housing, inadequate education and employment opportunities, and shortages of other community resources reduce opportunities for young people to successfully transition to independence. For those teenagers who are in foster care, their situations are compounded by the traumatic experiences and special problems that led to their entering state care.

President Clinton's FY 2000 budget includes $280 million over five years in new support for young people leaving foster care to make the transition to independence and self-sufficiency. The initiative will increase funding for the ILS program by 50 percent, investing $175 million over five years; provide time-limited financial support for young people in transition through a new $50 million competitive grants program to states; extend eligibility for Medicaid up to age 21 for these young people; and increase funding for the Transition Living program by $5 million, providing additional support to community-based organizations for residential care, life skills training, and other support services to homeless youths, ages 16-21. Members of Congress have also expressed interest in addressing these issues during this session.

Action Required

Strengthen the child welfare system's ability to assist youths in foster care make a successful transition to adulthood. The experiences of older youth in foster care and the providers who work to address the issues of this vulnerable group of young people have clearly demonstrated this need. Several areas for immediate improvements have been identified and require action beyond current proposals:

- ✓ Provide access to critical foster care maintenance and other supports to youths in care up to age 21. Current law restricts Title IV-E foster care reimbursement to states for eligible youths up to age 19. Many youths are forced to leave care at age 18, even when some of

them are still in high school, because they will not graduate by their 19th birthday. Many of these and other youths who age out of foster care cannot sustain themselves in housing and employment because they have not gained important life skills and do not have vital adult guidance.

✓ Make aftercare services available to each youth leaving care as a young adult. Child welfare departments, working with and through community organizations, should maintain contact with emancipated youths and provide supports such as limited cash assistance, counseling, health care, and housing assistance, as well as referral to other needed supports for at least two years following discharge from care.

✓ Increase coordination of policies and services administered by the U.S. Departments of Health and Human Services and Housing and Urban Development and their local agents to create and implement a transitional housing program for young people leaving foster care. No young person should be emancipated from foster care to homelessness. Young people who leave foster care and go to college should have access to housing during holidays and over summer breaks. Other youths who are still pursuing their high school education or entering the world of work should also have access to stable living arrangements during their transition.

✓ Increase funding for Independent Living Services and update the allocation formula to distribute funds. Current allocations to the states remain based on their 1984 populations, and overall funding has not been increased since 1990.

The Message

- Expanding critical support for young people leaving foster care will help them make a successful transition to independence and self-sufficiency, and reduce the numbers of young people who end up homeless, unemployed, and/or at high risk of becoming victims and victimizers.

Next Steps

✓ Let your legislators know about the problems that young people emancipating from foster care face, and the importance of investing in their successful transition from care.

✓ Urge them to support proposals that will:
- make foster care available to young people up to age 21 who are transitioning to independence;
- increase funding for the array of services under the Independent Living Services program;
- support the availability of aftercare services to youths leaving care;
- update the allocation of ILS funds to states to reflect changes since 1984 when the program was first authorized.

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ENACT JUVENILE JUSTICE LEGISLATION THAT EMPHASIZES PREVENTION, ALTERNATIVE INTERVENTIONS, AND PROTECTION FOR YOUTHS IN CUSTODY

In the early years of this decade a rapid increase in juvenile violence prompted calls for a tougher response. Fearful that the juvenile justice system was ineffective in addressing delinquency, 48 of the 51 state legislatures (including the District of Columbia) changed their juvenile laws between 1992 and 1995. Many states now try more violent juvenile offenders in the adult criminal system, open juvenile records, and allow victims of juvenile offenses to actively participate in the juvenile court proceedings.[1]

Congress has followed a path similar to that of the states, in spite of the fact there has been a dramatic decline in juvenile criminal activity in recent years. Congress continues to consider legislation to weaken the federal and state juvenile justice systems, transfer more teens to adult courts and prisons, and shift prevention resources to prosecution and the building of prisons. Meanwhile, promising programs and those proven to be effective at preventing juvenile delinquency continue to struggle for funds and are only able to provide their services to a small fraction of children and families.

The Facts

Violent Crime Declines, Serious Problems Remain

- Each indicator on the Violent Crime Index has shown a decline in rate of occurrence, including a drop of more than 40 percent in the juvenile murder arrest rate between 1993 and 1996.[2]

- Arrest rates for violent juveniles continue to decline and recently reached their lowest point since 1990.[3] Youth today are no more prone to violence than were teens 20 years ago.[4]

- While juvenile arrest rates have declined, public concern has stayed high. This is because the continuing high level and visibility of violence involving our nation's youth, both as victims

[1] Office of Juvenile Justice and Delinquency Prevention. (1996). *State responses to serious and violent juvenile crime*. Washington, DC: Author.
[2] Office of Juvenile Justice and Delinquency Prevention. (1997). *Juvenile arrests*. Washington, DC: Author.
[3] Ibid.
[4] Zimring, F. (1998). *American youth violence*. New York: Oxford University Press.

and as perpetrators, remains unacceptably high. Every day in America, 280 children are arrested for a violent crime.[5] In 1995, law enforcement agencies arrested more than 2.7 million people under age 18.[6]

- The need for protection for youth in custody is clear. Numerous reports[7] describe terrible conditions faced by many youths in secure detention, such as physical abuse, the inappropriate use of restraints, and solitary confinement.

Models of Effective Crime Prevention and Early Intervention

Community leaders in Sacramento County, California, confronted by a sharp increase in juvenile crime during the early 1990s, sought to identify a better approach to reduce juvenile violence. Working with CWLA, child welfare authorities, police, community-based organizations, the courts, and the district attorney combined previously separate and unavailable information to better identify children at highest risk of serious juvenile crime before they committed additional offenses.

- The Sacramento group found that children referred to child welfare were 67 times more likely to be arrested than other 9- to 12-year-olds.[8]

- Fully half of all children arrested were from the 1.4 percent of all children who were known to child welfare.[9] The Sacramento group concluded that crime prevention efforts must include a focus on the youngest lawbreakers—all of whom had multiple risk characteristics—known to the child welfare system.

- The CWLA/Sacramento study shows that we are better able to identify which specific children are at greater risk to commit additional offenses and that early intervention programs targeted at those children and their families could save taxpayers as much as $400,000 *per young person* in out-of-home placement, law enforcement, and incarceration rates.[10]

Other compelling models include the Syracuse Family Development Research Program, NY, and the Elmira, NY, Nurse Home Visitation Program.

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[5] Children's Defense Fund. (1998). *1998 United States profile*. Washington, DC: Author.
[6] Office of Juvenile Justice and Delinquency Prevention. (1997). *Juvenile offenders and victims: 1997 update on violence*. Washington, DC: Author.
[7] Amnesty International. (1998). *Betraying the young*. New York, NY: Author, pps: 19-21, 27-29.
[8] Child Welfare League of America. (1997). Sacramento County Community Intervention Program. Washington, DC: Author.
[9] Ibid.
[10] Ibid.

- The Syracuse Family Development Research Program, NY showed a reduction of delinquency by 91 percent when parent training, home visits, early childhood education, and other services were provided on a continuing basis to high-risk families.[11]

- In Elmira, NY, a 15-year study of a nurse home visitation program reports that youths whose mothers participated in the program were 55 percent less likely to be arrested than those whose mothers had not participated. The RAND Corporation study of the program estimates that, by the time children from participating families reach age 15, the program's cost savings are four times the original investment—due to reductions in crime, welfare expenditures, and health care costs and as a result of taxes paid by working parents.[12]

The Context

In the 106th Congress there will be more debates, hearings, and negotiations on legislation that could fundamentally change the way juvenile crime is handled in this country.

In the 105th Congress, damaging juvenile crime legislation came very close to passage. CWLA, its member agencies, and a coalition of national and local organizations vigorously opposed the punitive Senate and House proposals. Early in this first session of the 106th Congress, Senators Hatch (R-UT), Sessions (R-AL), Thurmond (R-SC), Abraham (R-MI), DeWine (R-OH), and Ashcroft (R-MO) introduced The Violent and Repeat Juvenile Offender Accountability Act, S. 254. This new bill improves on the proposals considered last year, but still falls far short of providing adequate focus on prevention and resources to address treatment needs. The new proposal would still transfer more young people to adult courts; incarcerate youths in adult jails; increase the length of incarceration; shift prevention resources to prosecution and prison construction; reduce the protection afforded juveniles under federal law; and weaken both federal and state juvenile justice systems. In addition, S. 254 fails to address the abuse of youths in detention facilities.

Senator Wellstone (D-MN) will soon introduce legislation to address the poor treatment juveniles receive while in detention and to improve services to meet their mental health needs. His proposal, the Mental Health Juvenile Justice Act, will support training of justice system personnel on the identification and need for appropriate treatment of mental disorders and substance abuse; provide block grant funding for treatment and diversion programs to states and localities to develop mental health diversion programs for children who come into contact with the justice system; and establish a federal Council on the Criminalization of Youth with Mental Disorders to report to Congress on recommendations to improve the treatment of mentally ill children who come into contact with the justice system; and remove the most damaging provisions of the Prison Litigation Reform Act by giving back to federal courts important tools

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[11] Lally, R., Mangione, P., & Wittmer, D. (1992). *More pride less delinquency: Findings from the ten-year follow-up study of the Syracuse University Family Development Research Program*, in The Zero to Three Child Care Anthology, 1984-1992. Arlington, VA: Zero to Three, pp. 95-103.

[12] Office of Juvenile Justice and Delinquency Prevention. (1998). *Prenatal and early childhood nurse home visitation*. Washington, DC: Author.

to remedy abusive conditions in state facilities under which juvenile offenders and mentally ill prisoners are being held.

Action Required

✓ Increase resources for prevention and alternative programs and services, like those in Sacramento and Syracuse. At least 50 percent of total juvenile justice funding should be dedicated to prevention.

✓ Increase legislative focus on prevention, protections, and treatment for children in custody.

✓ Oppose legislation that fails to invest adequately in prevention and early intervention, removes or limits protection for children and young people in detention, or undercuts our system of juvenile justice.

✓ Reauthorize the Juvenile Justice and Delinquency Prevention Act (JJDPA) [42 USC §5601 et seq.] to:

- Increase the availability of residential treatment and other community-based alternatives to meet the rehabilitative needs of adjudicated youths.
- Expand national efforts to prevent juvenile delinquency, such as child abuse and neglect prevention and youth development activities.
- Retain all four JJDPA mandates (deinstitutionalization of status offenders and nonoffenders; jail and lockup removal; sight and sound separation; and disproportionate confinement of minority youths).
- Preserve the juvenile court judge's role in all transfer decisions: oppose automatic transfer requirements.
- Maintain the Runaway and Homeless Youth Act as a national program with performance standards that mandate comprehensive services to runaway youths and their families and the provision of alternative living arrangements for homeless youths.

✓ Support the Wellstone proposal and other efforts to improve conditions of and services to youths in custody.

The Message

- Services such as home visiting, after-school programs, and mentoring have demonstrated their effectiveness in reducing crime and the likelihood of repeat offenses and cost-savings when compared with incarceration.

- Effective approaches to curbing youth violence must invest in proven and promising strategies for intervention and the rehabilitation of young people in the juvenile justice system.

Next Steps

- ✓ Educate and lobby Congress to support a major new investment in prevention, rather than punishment and incarceration. At least 50 percent of juvenile justice resources should be devoted to prevention.
- ✓ Contact elected officials and policymakers to make significant changes to S. 254, as described earlier.
- ✓ Push for reauthorization of JJDPA that maintains the core mandates and has greater focus on prevention.
- ✓ Urge Congress and the Administration to increase the training and professionalization of staff to reduce improper use of restrains and isolation. Work with colleagues to establish and enhance high standards of practice.
- ✓ Urge Members of Congress to endorse and support the Wellstone proposal.

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http://www.house.gov/eeo_democrats

PROMOTE ADOPTION OF MORE CHILDREN WITH SPECIAL NEEDS

The Facts

The number of children in foster care has risen dramatically over the past decade. For an increasing number and proportion of these children, adoption is the permanency plan because they have no homes they can return to safely. When children cannot be safely cared for at home, they should have the best opportunity possible to be adopted into loving, permanent families.

These children in need of adoption—infants and older children—have a range of challenging needs. Many of these children come from families that abuse drugs and alcohol; many have suffered serious physical and sexual abuse; many are older children and adolescents; and many are brothers and sisters who ideally should be adopted into one family.

- In 1997, an estimated 3,195,000 children were reported abused or neglected. The total number of reports of child abuse and neglect nationwide increased 41 percent since 1988.[1]

- At the end of 1996, there were an estimated 530,912 children in out-of-home care, family foster care, kinship care, or residential care.[2]

- Of the children in foster care at the end of 1996, approximately 73,963 had a goal of adoption, but were not legally free for adoption. An additional 52,092 were legally free and awaiting adoption.[3]

- One-half of the children legally free and awaiting adoptive families were African American, and 98 percent were older than one year of age.[4]

- In 1996, public child welfare agencies reported that 27,761 children were adopted from the public foster care system.[5]

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[1] National Committee to Prevent Child Abuse (NCPCA). (1998). *Current trends in child abuse reporting and fatalities: The results of the 1997 annual fifty state survey*. Chicago: Author

[2] Child Welfare League of America. (1998). *State agency survey*. Washington, DC: Author.

[3] CWLA 1998.

[4] CWLA 1998.

[5] U.S. Department of Health and Human Services, Children's Bureau. (November 24, 1998). *Adoption and foster care analysis system*. Washington, DC: Author.

- Ninety-three percent of the children placed for adoption from foster care were considered to have special needs. Children with special needs usually refers to those children who are school age or adolescent, who are part of a group of brothers and sisters who need to be adopted together, may include children of color if these children are waiting longer for adoption, and includes those children who have special physical, emotional, or developmental needs.[6]

- Children in foster care may wait more than three years to find permanent homes. Children wait almost a year from when they are legally free for adoption until they are placed in an adoptive home.[7]

- A 1993 study conducted on behalf of the U.S. Department of Health and Human Services by Westat, Inc., found that the adoption of 40,700 children in foster care between 1983 and 1987 saved federal and state governments more than $1.6 billion in administrative costs, approximately $40,000 per child to adulthood.[8]

The Context

The Adoption and Safe Families Act (ASFA, P.L. 105-89) sets up processes to speed up decisionmaking about permanency for children who have been abused or neglected and are in state custody. The law includes provisions that promote adoption. However, an important provision that would have allowed ***all*** children with special needs to receive federal adoption assistance was dropped from the final bill.

Under current law, children with special needs awaiting adoption are eligible for federal subsidies under the Adoption Assistance Program, (Title IV-E of the Social Security Act [42 U.S.C.A. §§ 673-676, 679]), only if their biological family from which they are being separated received SSI or welfare benefits (or would have been eligible to receive welfare benefits under the former AFDC program, given the income and resource standards in place in each state on June 16, 1996).

Some children awaiting adoption now do not qualify for either federal subsidy under Title IV-E adoption assistance or state-funded adoption assistance, because they cannot meet the programs' eligibility requirements. Because of these restrictions, many of the children awaiting adoption are unable to find the permanent families they so desperately need, and many families who want to adopt are precluded financially from doing so.

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[6] CWLA 1998.

[7] Child Welfare League of America. (1997). *State agency survey*. Washington, DC: Author.

[8] Sedlak, A., & Broadhurst, D. (1993). Study of adoption assistance impact and outcomes: Final report. Washington, DC: U.S. Department of Health and Human Services. Cited in Petit, M.R. & Curtis, P.A. *Child abuse and neglect: A look at the states. 1997 Stat Book*. Washington, DC: CWLA Press.

- An estimated 65 percent of the children with special needs currently receiving adoption assistance receive federally-reimbursed subsidies (Title IV-E of the Social Security Act); 35 percent receive state only subsidies.

The requirements that states look to AFDC eligibility standards from the past in determining eligibility for the federal adoption assistance program greatly increases the administrative complexity of administering the program. A change in these eligibility rules for federal adoption subsidies also would eliminate the administratively burdensome and costly eligibility requirements and expedite the adoption of children with special needs.

Action Required

✓ Change federal adoption assistance requirements so that more children with special needs find adoptive homes.

Congressional supporters of an initiative to allow all children with special needs to receive federal adoption assistance introduced legislation in 1998 and plan to reintroduce legislation early in 1999 to remove AFDC eligibility as a criterion for federal adoption assistance. Sponsors of the 1998 legislation included Senators Chafee (R-RI), Rockefeller (D-WV), Moynihan (D-NY), DeWine (R-OH), Kerry (D-MA), Bond (R-MO), Levin (D-MI), Landrieu (D-LA), and Dorgan (D-ND).

The Message

- Legislation to eliminate AFDC eligibility as a criterion for federal Title IV-E adoption assistance would mean that all children with special needs would be eligible for a federal adoption subsidy. This change would help more children with special needs be adopted, would reduce a current cost and administrative burden, and would treat all children with special needs more equitably.

- Extending federal adoption subsidies to all children with special needs would assure health care coverage.

- Providing adoption subsidies for a child who might otherwise have remained in foster care is less costly than providing foster care subsidies.

Next Steps

✓ Urge your legislators to support legislation that would remove AFDC eligibility as a criterion for federal Title IV-E adoption assistance, so that all children with special needs will be eligible for a federal adoption subsidy.

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RESTORE TITLE XX SOCIAL SERVICES BLOCK GRANT FUNDS FOR CHILD PROTECTION

The Social Services Block Grant, Title XX of the Social Security Act [42 U.S.C.A. §1397a-f], was created in 1975 by combining several categorical service programs to serve as the primary source of federal funds for social services. Federal Title XX funds account for more than one-third of state social service expenditures. States have the flexibility to use Title XX funds to address specific gaps in services and to use the funds to address those specifically identified needs.

Title XX is a major source of federal funds to states to support services that address the needs of abused and neglected children and make sure they are safe from harm. Title XX supports state and local activities to move children in the child welfare system to permanent homes and to enhance children's safety, as emphasized in the Adoption and Safe Families Act of 1997 (ASFA, P.L. 105-89).

The most frequently provided services for children funded by Title XX include child care, protective services, foster care, adoption services, counseling, family planning, housing assistance, pregnancy and parenting services, child abuse prevention and intervention, residential treatment, and substance abuse treatment. States also use the funds for services for the elderly and for the disabled.

The Facts

- States reported using 22 percent of Title XX funds for adoption, foster care, and child protective services in FY 1997.[1]
- Title XX expenditures for adoption services quadrupled from FY 1995 to FY 1997.[2]
- Over the past several years, funding for Title XX has been reduced from $2.8 billion to $1.9 billion.
- The FY 1999 funding level of $1.9 billion is less than 62 percent of its FY 1995 level in real dollars.[3]

[1] The U.S. Department of Health and Human Services has not compiled any official data for FY 1997 on Title XX. These totals represent a preliminary tabulation using the 1997 reporting form on file for each state. Data from 10 states were not available for inclusion.
[2] Ibid.

- Cuts to the Social Services Block Grant over the past several years have produced a negative impact on children, families, and communities. For example, due to recent Title XX cuts, an agency serving the homeless in Chattanooga, Tennessee is being forced to drastically reduce the capacity of the city's only shelter for families at a time when this scarce resource is helping to keep families together. In Akron, Ohio a counseling program for child and spousal abuse, as well as a teen parent program, are being forced to reduce service due to Title XX cuts. In Indiana, fewer families needing supportive services to deal with child abuse, neglect, and sexual abuse can now be served.

The Context

The president's FY 1999 budget proposal, which was incorporated into the final FY 1999 budget agreement, included a $390 million cut in funding for Title XX. (See Title XX State Allocation, Chart 2.)

- Title XX received $2.8 billion in FY 95, $2.4 billion in FY 96, $2.5 billion in FY 97, $2.3 billion in FY 98, and $1.9 billion in FY 99. The current authorization for spending, set in the 1996 welfare law (P.L. 104-193), is $2.38 billion.

- If cuts passed in the 1998 highway bill (P.L. 105-178) are implemented, Title XX will be cut to $1.7 billion in 2001. That law also changed how much states could add to the program, lowering from 10 percent to 4.25 percent the portion of a state's TANF funds that can be transferred to Title XX beginning in FY 2001.

For FY 2000, the president has proposed funding of $2.38 billion, the fully authorized level for the Social Security Block Grant. Over the longer term, however, Title XX funding remains in jeopardy as there is yet no indication of maintenance of this funding level in future years.

Action Required

✓ Restore and increase funding for Title XX to support vital social services. States and communities must have the capacity and flexibility to provide services to protect abused and neglected children, to help families avert crisis, to assist low-income families secure child care, and to support services to the elderly or persons with disabilities.

The Message

- Restore Title XX funding to its authorized level of $2.38 billion.

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[3] Primus, W. (1999). *Title XX Social Services Block Grant funding levels, 1977-2001*. Washington. DC: Center on Budget and Policy Priorities.

- Title XX cuts have hit services to vulnerable children and families hard. Further cuts would mean that even fewer families in need of services to deal with child abuse and neglect would get help. Fewer children would receive the appropriate care and treatment they need after suffering abuse. Fewer families would have the opportunity to be assured that their children would be cared for in safe child care settings while they are working and moving towards self-sufficiency.

- At a time when child abuse reports have climbed to more than 3 million; when more than 500,000 children cannot live with their families due to abuse and are living in foster care; and when many families are struggling to move towards self-sufficiency and trying to care for their children under the challenges presented by the new requirements of the welfare law; it is reckless to further cut federal supports for states and communities to provide services to protect abused and neglected children.

Next Steps

✓ Contact your Members of Congress. Urge them to support restoration of Title XX funding in the FY 2000 Labor, Health and Human Services and Education Appropriations bill to its authorized funding level of $2.38 billion.

Key Resources

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http://www.house.gov/appropriations

TITLE XX STATE ALLOCATIONS
Chart 2

STATE	FY 1998	FY 1999	STATE	FY 1998	FY 1999
ALABAMA	$37,004,055	$30,576,918	MONTANA	$7,569,604	$6,289,987
ALASKA	5,255,219	4,343,597	NEBRASKA	14,243,037	11,821,453
ARIZONA	36,699,530	31,686,074	NEVADA	13,312,063	11,470,817
ARKANSAS	21,612,526	17,961,167	NEW HAMPSHIRE	9,988,397	8,315,090
CALIFORNIA	274,846,246	228,113,973	NEW JERSEY	69,127,020	57,160,876
COLORADO	32,601,503	27,356,789	NEW MEXICO	14,660,671	12,257,959
CONNECTICUT	28,494,775	23,428,231	NEW YORK	157,795,800	130,129,009
DELAWARE	6,238,398	5,187,987	NORTH CAROLINA	62,601,499	52,402,240
DISTRICT OF COLUMBIA	4,820,185	3,885,623	NORTH DAKOTA	5,577,145	4,608,363
FLORIDA	123,254,041	103,044,143	OHIO	97,021,447	79,952,237
GEORGIA	62,653,702	52,616,915	OKLAHOMA	28,520,877	23,621,438
HAWAII	10,327,724	8,472,518	OREGON	27,328,883	22,927,322
IDAHO	10,118,909	8,508,297	PENNSYLVANIA	105,034,787	86,270,846
ILLINOIS	102,929,219	84,775,276	RHODE ISLAND	8,613,687	7,084,284
INDIANA	50,490,132	41,797,281	SOUTH CAROLINA	31,957,651	26,469,464
IOWA	24,727,374	20,408,465	SOUTH DAKOTA	6,342,807	5,238,077
KANSAS	22,317,282	18,404,829	TENNESSEE	45,730,851	38,069,086
KENTUCKY	33,584,682	27,793,295	TEXAS	162,911,808	136,876,970
LOUISIANA	37,778,416	31,195,076	UTAH	16,975,056	14,311,686
MAINE	10,797,562	8,894.713	VERMONT	5,089,907	4,214,792
MARYLAND	43,877,603	36,294,437	VIRGINIA	57,581,197	47,765,253
MASSACHUSETTS	52,848,020	43,593,397	WASHINGTON	47,253,473	39,593,281
MICHIGAN	83,082,934	68,653,160	WEST VIRGINIA	15,904,870	13,066,570
MINNESOTA	40,110,202	33,331,918	W!SCONSIN	44,573,659	36,924,152
MISSISSIPPI	23,465,773	19,435,270	WYOMING	4,176,334	3,441,961
MISSOURI	46,322,499	38,348,164	**U.S. Total***	**$2,229,000,000**	**$1,909,000,000**

Source: U.S. Department of Health and Human Services.

*U.S. total includes allocations for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands.

INVEST IN QUALITY CHILD CARE

The Facts

Quality child care services are essential for the safety and development of the nation's children, the strength and stability of families, the productivity of the workforce, and the overall security and prosperity of the nation. With the lives and well-being of America's children increasingly stressed, quality child care services are investments vital to achieving the nation's educational goal of having children ready to learn.

For the abused and neglected children and troubled families under the care and supervision of the child welfare system, child care services are particularly essential. Child day care may serve as a *preventive* service that can help reduce or eliminate social, emotional, or health problems that affect children and parents. It helps parents meet their child-rearing responsibilities and deal with family stress. In some cases, child day care may be a *remedial* or therapeutic service that responds to the psychological harm caused by abuse, neglect, deprivation, family instability, substance abuse, violence, or stress in the home; congenital anomalies; and developmental delays.[1]

- More than 13 million children younger than 6—including 6 million babies and toddlers—spend some or all of their day cared for by someone other than their parents.[2]

- More than 60 percent of women with children under age 6 and more than three-quarters of women with children between the ages of 6 and 17 were in the labor force in 1995.[3]

- Approximately 24 million school-age children require care while their parents are at work. According to the Census Bureau, there were 36.7 million children between the ages of 5 and 14 in the United States in 1991. Of this group, 21.2 million lived with working mothers, an additional 953,000 lived with unemployed mothers seeking employment, and 999,000 lived with mothers enrolled in school. An estimated 912,000 children in this age range lived with single fathers who were employed, 61,000 with unemployed fathers, and 9,000 with single fathers enrolled in school.[4]

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[1] Hershfield, B. (1995). The role of child day care in strengthening and supporting vulnerable families. In *The prevention report.* Iowa City, IA: National Resource Center for Family Centered Practice.

[2] Carnegie Corporation of New York. (1996). *Years of promise: A comprehensive learning strategy for America's children.* New York: Author.

[3] U. S. Bureau of Labor Statistics. Unpublished data from March 1995, p. 4. Cited in *Child care basics.* (1997). Washington, DC: Children's Defense Fund.

[4] U.S. Bureau of the Census. (1994b). *Current population reports*: P 70-36. Who's minding the kids? Child care arrangements: Fall 1991. Washington, DC: U. S. Department of Commerce.

- The U.S. Government Accounting Office estimates that, in the year 2002, the current school-age child care supply will meet as little as 25% of the demand in some urban areas.[5]

- In FY 1997, states provided child care assistance to only 1.25 million of the 10 million low-income children eligible.[6]

- Recent research has demonstrated the importance of quality child care for all children — from infants to teenagers. We now know that the first three years of life are crucial to young children's brain development and that school-age children without supervision are at significantly greater risk of truancy from school, stress, poor grades, risk-taking behavior, and substance use.[7,8]

- High-quality child care programs promote healthy child and family development and have a major positive impact on the lives of children. The Carnegie Corporation's report, *Starting Points,* finds that "quality child care enables a young child to become emotionally secure, socially competent, and intellectually capable." The report indicates that "children who receive warm and sensitive caregiving are more likely to enter school ready and eager to learn." Inadequate or barely adequate care is a powerful predictor of early dropping out of school and delinquency.[9]

- Many high-quality programs exist throughout the country, but recent studies have found that much of the child care in the United States is poor to mediocre—with 7 of 10 centers providing mediocre care, and 1 in 8 providing care so inadequate that it threatens children's health and safety.[10]

Quality suffers when child care subsidies and other resources fail to meet the actual cost of care, much less make the investments needed to attract and retain qualified staff, provide adequate salaries and health benefits, or even to purchase basic supplies and equipment. As a result, many providers are unable to serve low-income children or must limit the number of low-income children they accept. Additionally, low-income parents receiving subsidies are frequently forced to choose cheaper and lower quality care for their children because they are unable to afford the co-payment cost at a facility that offers high-quality care.

One important way to address the problem is to increase the reimbursement rate that states pay for child care for low-income families. The U. S. Department of Health and Human

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[5] General Accounting Office (1997). HEHS-97-75, Washington, DC: Author.

[6] Background on President Clinton's Agenda for the Nation. (January 19, 1999). 1999 State of the Union Address: Meeting the Challenges of the 21st century. [On-line] Available: http://www.whitehouse.gov

[7] Dwyer, K.M., et al. (1990). Characteristics of eighth-grade students who initiate self-care in elementary and junior high school. *Pediatrics,* 86, 448-454.

[8] Marshall, N.L., et al., (1997). After-school time and children's behavioral adjustment. *Merrill Palmer Quarterly,* 43(3), 497-514.

[9] Carnegie Corporation 1994.

[10] Child Care Bureau. (1997). *Child Care Bulletin,* Issue 16. Washington, DC: U.S. Department of Health and Human Services.

Services' (HHS) final rule on the Child Care and Development Fund (CCDF) suggests a reimbursement rate of 75 percent of the market rate, but states are free to set their own rates. A study by the HHS Office of the Inspector General in February 1998 (before the release of the final rule) revealed that 29 out of 51 jurisdictions (50 states and the District of Columbia) make payments to child care providers that are lower than the 75th percentile of the market rate and that, in at least 22 out of the 51, many families eligible to receive child care subsidies are subject to co-payments that exceed 10 percent of their income.[11]

Additionally, the study notes, "without equal access to appropriate care, low-income families will not have the range of care that is adequate to support their work schedules and needs of their children. If providers are not reimbursed at rates that enable them to serve subsidized children, parents' access will be restricted and their ability to choose limited."[12] This denial of quality child care to low-income families directly contradicts the expressed goal of CCDF to promote parental choice in care. Increased rates of reimbursement will not guarantee child care quality, but higher rates are critical to making quality child care possible.

The Context

The federal government provides important child care support to assist working families and improve the health and development of children. The structure and funding of the major federal child care programs changed dramatically with the passage of the revised welfare law in 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, P.L. 104-193). The Child Care and Development Block Grant Amendments of 1996 contained in the welfare law incorporated into a single Child Care and Development Fund the Child Care and Development Block Grant program (CCDBG), AFDC/JOBS Child Care, Transitional Child Care, and the At-Risk Child Care program. Other major programs providing child care support include Head Start and the Child and Adult Care Food Program.

The Child Care and Development Fund was designed, as a single system, to help low-income families and those in transition from welfare obtain the child care necessary to let them work or secure education or training. PRWORA's major overhaul of the welfare system mandated strict work requirements and lifetime eligibility limits. More recipients are required to participate in work activities for longer hours, and the age of a child for which a work exemption is granted was lowered.

At the same time, PRWORA eliminated both the child care guarantee to welfare families who are working or in approved education and training and the guarantee of Transitional Child Care Assistance. The elimination of these guarantees and the stricter work requirements significantly increase the demand, since most TANF recipients are single mothers with young children. In 1992, two-thirds of families receiving AFDC had at least one preschool-aged child.

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[11] States' Child Care Certificate Systems: An Early Assessment of Vulnerabilities and Barriers. U.S. Department of Health and Human Services, Office of Inspector General. OEI-05-08-00320. February 1998.
[12] Ibid.

Dependable care for their young children is essential if TANF recipients are to prepare for work, begin a job, and stay employed.

The lack of adequate and affordable child care also creates significant barriers to full participation in the labor force to non-TANF, low-income working families. Trying to use their limited federal funds to meet the new welfare law's work requirements, states target child care assistance to TANF families, frequently at the expense of low-income working families. Eligible parents, on long waiting lists for child care subsidies, struggle to stay off welfare and to find affordable and appropriate child care that meets their schedules and needs. Many, unable to find care, have been forced to give up their jobs and have returned to receiving welfare benefits.

During 1998, the president and some Members of Congress moved to address the many issues surrounding the increasing demand for child care in this country. Significant changes were proposed and the child advocacy community worked hard to pass a major child care initiative, but only small new improvements resulted.

The president again this year has made child care a centerpiece in his agenda. His proposal increases funding for child care subsidies by $7.5 billion over five years, enabling the program to serve an additional 1.15 million children by FY 2004, and provides $3 billion over five years to promote early learning. The proposal also provides $173 million to improve quality. House and Senate leaders have indicated their interest in child care legislation this year as well.

Action Required

✓ Expand child care resources to meet the increasing needs of single parents and two-parent working families—particularly low-income families, families with children with special needs, and families in the child welfare system.

✓ Establish set-asides or other targeted resources for quality improvement, professional development and compensation, including options that would increase reimbursement rates.

✓ Improve standards and enforcement to help assure child safety.

The Message

- Quality child care is vital to the health, safety, and development of the nation's children. When subsidies are low-quality suffers and safety can be compromised.

- Low reimbursement rates create barriers to low-income families' access to quality child care.

- Quality care requires adequate financial resources and ongoing support of trained staff.

Next Steps

✓ Educate policymakers on:
- the importance of quality child care to the safety, health, and development of children in care.
- the connection between quality of care, adequate staff support, and compensation of staff.
- the significance of quality child care to the economic stability and ability to stay off welfare of low-income families.
- the potential effects of an increased reimbursement rate on the quality of child care for low-income families.

✓ Push for legislation and other policies to require an increased reimbursement rate.

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ENSURE HEALTH CARE FOR CHILDREN

The problems in child welfare will be hard to solve without working on the failures of our nation's health system. Health insurance can prevent children from ever needing the child welfare system. Accessible, affordable, quality health and mental health care services can address problems that, left untreated, explode into devastating family and community problems. Similarly, the availability of health services is critical to helping families and reuniting children with their parents.

The Facts

Many Children, Especially Children in Child Welfare, Have Serious Health Problems

- Compared with the U.S. population as a whole, children involved in the child welfare system are more likely to be poor and in poor health.[1]

- Many of these children are likely to start their lives at low birthweight, prenatally exposed to illegal drugs or alcohol, or exposed to HIV/AIDS or other diseases.[2]

- Abused or neglected children too often lack immunizations or have unaddressed developmental disabilities.[3]

- Adolescents in foster care are among those most at risk to abuse alcohol or drugs, contract and transmit HIV infection, or become teen parents.[4]

- When children in foster care receive appropriate care, they can show significant improvement in physical, emotional, and intellectual development.

- Mental health problems affect 1 in 5 young people at any given time.[5]

- "Serious emotional disturbances" (SED) affect 1 in every 20 (as many as 3 million) young people.[6] SEDs refer to a range of emotional, behavioral, and mental disorders that are severe enough to disrupt daily functioning.

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[1] American Academy of Pediatrics, Committee on Early Childhood, Adoption and Dependent Care. (February 1994). Health care of children in foster care, *Pediatrics* 93(2), 1-4.
[2] Schor, E.L. (December 1988). Foster care. *The Pediatric Clinics of North America*, 35(6), 1241-1252.
[3] Battistelli, E.S. (1996). *Making managed health care work for kids in foster care: A guide to purchasing services.* Washington, DC: CWLA Press.
[4] Ibid.
[5] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (1996). *Fact sheet: Conduct disorders in children and adolescents.* Washington, DC: Author.
[6] Ibid.

- An estimated two-thirds of all young people with mental health problems are not getting the help they need.[7]

Many Children Lack Health Insurance and Access to Appropriate Care

- Health insurance makes a substantial difference in the amount and kind of health care people are able to obtain. In 1996, over 41 million Americans were uninsured—nearly 18 percent of the total nonelderly population.[8]

- Almost 10 million children lack health insurance coverage, and 1 in 5 of these uninsured children have no regular source of health care[9]

- The 21.3 million children who are covered by Medicaid make up 55.5 percent of the Medicaid population but account for 15.6 percent of Medicaid expenditures.[10]

- Up to 4.7 million children are potentially eligible for Medicaid but not enrolled.[11]

- Uninsured children are 30 percent more likely than insured children to fall behind on well-child care and 80 percent more likely to never have had routine care. Uninsured children are also more likely not to have received medical care for common conditions like asthma—illnesses that if left untreated can lead to more serious health problems[12]

- Low-income people without insurance coverage use care at considerably lower levels than those with Medicaid coverage.[13]

The Context

The Balanced Budget Act of 1997 authorized the State Children's Health Insurance Program (SCHIP) to provide health insurance to children in working families who either cannot afford private insurance or earn too much to qualify for Medicaid. States have considerable flexibility to design their own programs, although there are federal requirements to help guarantee that the money goes to the neediest of children. So far, current projections show that an estimated 2.5 million children are expected to be enrolled in SCHIP by the end of FY 2000.[14]

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[7] U.S. Department of Health and Human Services, SAMHSA. (1996).

[8] The Kaiser Commission on Medicaid and the Uninsured. (June 1998). *Uninsured in America: A chart book*. Washington, DC: Author.

[9] Ibid.

[10] The Kaiser Family Foundation Fact Sheet. (October 1998). *The Medicaid program at a glance*.

[11] The Kaiser Commission on Medicaid and the Uninsured. (June 1998). Washington, DC: Author.

[12] Ibid.

[13] The Kaiser Commission on the Future of Medicaid. (1997). *The Medicaid program at a glance*. Washington, DC: Author.

[14] Health Care Financing Administration. (January 1999). Wide-ranging outreach campaign to find and enroll more eligible children. *HCFA Health Watch, IV,5*.

Action Required

The United States has a disjointed "system" of health insurance where millions of children drift between public and private insurance and no coverage at all. CWLA is committed to accessible, affordable, and comprehensive health care for all children and their families. Universal health care for all Americans, including noncitizens and undocumented immigrants, must remain our ultimate objective. Ideally, this would happen quickly and completely. Realistically, it is necessary to support incremental steps to the larger goal.

✓ Preserve the federal guarantee of Medicaid for all poor children.

✓ Assure full implementation of the Early, Periodic Screening Diagnosis and Treatment program (EPSDT).

✓ Work to ensure that Medicaid and SCHIP provide comprehensive, continuous, and coordinated health care services for all children and families in the child welfare system.

✓ Sustain and increase the availability of high-quality, community-based mental health services for children.

✓ Intensify outreach and education to assure that all the children who are eligible for assistance under Medicaid or any new children's health program are enrolled.

✓ Improve Medicaid benefits AND broader health insurance coverage for uninsured children. Oppose efforts to sacrifice good coverage for wider, inadequate coverage.

✓ Preserve services to children affected by and infected with HIV/AIDS who are now being served by the Ryan White CARE Act.

The Message

- Addressing the health issues of children in out-of-home care is essential to their well-being. But equally important is giving them the opportunity to be reunited with their families. In many cases, this means ensuring appropriate health care and treatment services for their parents as well.

- All children and families must have access to basic health care services, including prenatal, preventive, and primary care, as well as specialized medical services.

- Children with extensive health care needs, including abused and neglected children, children with HIV infection or AIDS, alcohol- and drug-exposed children, and children with mental health and emotional problems, and their families, must have access to all the services they need to treat their conditions. These services include inpatient and outpatient mental health treatment, rehabilitation, case management, and substance abuse treatment. Substance abuse

treatment should include preventive and educational services for parents and for children and adolescents, outpatient treatment services, day treatment, and residential treatment.

- Children and families in the child welfare system must be eligible for the complete range of services they need, regardless of placement setting: at home; in out-of-home care, including residential treatment; or in the juvenile justice system.

- Essential supports to promote the healthy development and well-being of vulnerable children and their families include respite care, child day care, transportation, case management, and specialized nutrition services.

Next Steps

✓ Support Senator Wellstone's (D-MN) Mental Health Juvenile Justice Act to better serve youth in need of mental health and substance abuse services, who come in contact with our nation's juvenile justice system.

✓ Support reauthorization of the Substance Abuse and Mental Health Services Administration (SAMHSA).

✓ Advocate for legislation that extends mental health parity and disallows differential copayments and deductibles and lower visit limits for patients requiring mental health treatment.

✓ Support increased funding for the Ryan White CARE Act in the FY 2000 budget.

✓ Increase investment in the Part H Early Intervention Services Program in the FY 2000 budget.

Key Resources

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Senate Health, Education, Labor, and Pensions Committee
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Minority Office: Phone 202/224-0767
http://www.senate.gov/~labor

Senate Judiciary Committee
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Minority Office: Phone 202/224-7703
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House Appropriations Committee
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Minority Office: Phone 202/225-3481
http://www.house.gov/appropriations

House Commerce Committee
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Minority Office: Phone 202/225-3641
http://www.house.gov/commerce
http://www.house.gov/commerce_democrats

House Judiciary Committee
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http://www.house.gov/judiciary
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House Ways and Means Committee
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Minority Office: Phone 202/225-4021
http://www.house.gov/ways_means

HELP YOUNG PEOPLE TO PREVENT OR COPE WITH EARLY PARENTHOOD

The Facts

Adolescent Pregnancy and Parenthood Pose Serious Problems for U.S. Youths

- The United States has the highest adolescent pregnancy, abortion, and birth rates in the developed world. One million teenage girls become pregnant every year and more than half of them give birth.[1]

- Studies suggest that 43 percent of all American girls will experience at least one pregnancy before they reach age 20.[2]

- A report by the National Academy of Sciences' Institute of Medicine found that nearly 82 percent of all teenage pregnancies are either mistimed or unwanted altogether.[3]

- More than half of girls and almost three-quarters of boys under age 18 are sexually active.[4]

- Three million teens are infected each year with sexually transmitted diseases (STDs).[5]

- Adolescent mothers have a higher than average chance of suffering pregnancy complications, including toxemia, anemia, bleeding, cervical trauma, and premature delivery; teenage girls who give birth are less likely to ever complete a high school education than their nonparenting peers; teenage mothers earn about half the lifetime income of women who first give birth in their twenties; and, in general, teenage fathers have lower incomes, less education, and more children than men who postpone having children until their twenties. Teenage parents and their children face a lifetime of disadvantages.

Youths in Care Face Higher Risks than Other Adolescents

- Adolescents constitute a major segment of the abused and neglected youngsters the child welfare system serves, representing about 28 percent of the foster care population,[6] and are at

[1] U.S. General Accounting Office. (November 1998). *Teen pregnancy: State and federal efforts to implement prevention programs and measure their effectiveness*. GAO/HEHS-99-4. Washington, DC: Author.
[2] Forrest, J.D. (1987). Proportion of U.S. women ever pregnant before Age 20: A research note in C. Hayes (Ed.), *Risking the future: Adolescent sexuality, pregnancy, and childbearing*. Vol. 1. Washington, DC: National Academy Press.
[3] Alan Guttmacher Institute. (1994). *Sex and America's teenagers*. New York: Author.
[4] Ibid.
[5] Ibid.
[6] Child Welfare League of America. (1998). *State agency survey*. Washington, DC: Author.

high risk for many serious problems that can put their health and well-being at further jeopardy.

- Youth in foster care in the United States, are twice as likely as their peers not in care to have had sexual intercourse; are less likely to be informed about human sexuality and birth control; are less likely to have used contraceptives during first intercourse or their most recent intercourse; are less likely to have obtained contraceptives at a family planning clinic; and are twice as likely to have been pregnant.[7]

- Adolescents in foster care often lack access to information about sexuality issues and, if they are sexually active, they often lack access to family planning services that may assist them in delaying pregnancy or parenthood.

Adolescent Pregnancy Prevention and Assistance to Young Parents Are Good Investments

- Every tax dollar spent for contraceptive services saves an average of $4 that would otherwise be spent to provide medical care, welfare benefits, and other social services.

- More than $3 is saved in medical costs alone.[8]

- Without family planning services, an additional 386,000 teenagers would become pregnant each year. Of these, 155,000 would give birth, increasing the number of teen births by about 25 percent; 183,000 teenagers would have abortions, increasing abortions among teenagers by 58 percent.[9]

The Context

Over the last few years, Congress has confronted the issues of teen sexuality and adolescent mothers through several legislative vehicles. In the 1996 welfare law, the Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193), Congress decided that all school-age children should abstain from sexual activity, sexual activity should only occur within the context of marriage, and sexual abstinence is the only prevention for out-of-wedlock pregnancy and sexually transmitted diseases. This law provides $50 million in new funds each year for five years for abstinence until marriage education programs through the Maternal and Child Health Bureau. In many ways, this effort complements services provided under the Adolescent Family Life Act (AFLA), Title XX of the Public Health Services Act, which supports three types of activities: (1) programs intended to prevent premarital adolescent sexual activity; (2) programs to assist pregnant adolescents and young parents in obtaining services such as

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[7] Polit, D., Morton, T., & Corette, M.W. (1987). Sex, contraception and pregnancy among adolescents in foster care. *Family Planning Perspectives*. 18-23.

[8] Alan Guttmacher Institute. (1995). *The U.S. family planning program faces challenges and change*. New York: Author.

[9] Forrest, J.D., & Samara, R. (1996). Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures. *Family Planning Perspectives*. 28:188.

health care, education and vocational training; and (3) research into the causes and consequences of adolescent sexual activity, pregnancy, and childbearing.

From its inception in 1970, the Title X family planning program [42 U.S.C.A. §§300-300a8] has supported contraceptive and health care services to young people and adults. Title X funds cannot be used for abortions. Nonetheless, abortion opponents have prevented the reauthorization of the program since 1985. Because it is a publicly popular program, Title X has been continually funded through appropriations. The president's FY 2000 budget includes a $25 million increase in funds. The program remains a perpetual target, with damaging amendments, such as a requirement that family planning providers obtain written parental consent for minors seeking services at Title X-funded clinics, proposed every year. Although this type of provision may allow a judicial bypass for adolescents who come from neglectful or abusive homes, it would result in another hurdle to their receiving needed health care services.

Action Required

- ✓ Fund comprehensive sexuality education programs that include information in age and developmentally appropriate manner on sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.

- ✓ Reauthorize and increase funding for the Title X family planning program. Maintain Title X as a categorical federal program that mandates informed patient consent and protections of confidentiality for all patients, the type of services to be offered, and medical standards to be met.

- ✓ Fund training for human service professionals around pregnancy prevention issues.

- ✓ Expand data collection to include information on teen mothers receiving TANF.

- ✓ Ensure a full spectrum of programs and services to young pregnant and parenting women to ensure their well-being and that of their children. Allow these young women to maximize their options in life by developing the skills required for economic independence, self-sufficiency, and long-term family stability. Fund programs that include child care, education, health care, counseling, nutrition, and parenting education.

- ✓ Fund efforts to ensure family planning information to young men and job opportunities and parenting classes for fathers.

The Message

- The congressional response to teen pregnancy and parenting fails to respond to the facts of teen sexuality. CWLA seeks to ensure that policies, programs, and practices reflect the reality of the lives of the children our agencies serve, and appropriately reflect cultural and religious traditions, and have some chance of success.

- Adolescents must have access to the information and resources necessary for them to make responsible choices concerning human sexuality, and to minimize the risk of unintended pregnancy and sexually transmitted diseases, including AIDS. Prevention of adolescent pregnancy must focus on three approaches:

    - availability of sexuality education programs to provide information;
    - increase access to contraceptives for sexually active teens; and
    - enhance life options as an alternative to early pregnancy and parenting.

High-risk teens need more than information or access to contraceptives. They also need to be motivated to delay or prevent pregnancy. They must believe that there is some benefit to delaying child bearing.

- There is no documented evidence that abstinence-only programs reduce teen pregnancy or delay the age of first intercourse. While there can be little dispute that abstinence is the best prevention for pregnancy, it is not the only prevention or the most realistic. Public policy must also recognize and respond to the fact that teenagers do have sex.[10]

- No single strategy has been shown to ensure abstinence or effective contraceptive use among adolescents. The most effective services include a continuum of comprehensive, long-term programs that are developmental in nature and incorporate significant one-on-one interaction.

Next Steps

✓ Assure that adolescents in out-of-home care receive access to family planning services by preventing parental consent requirements.

✓ Encourage HHS to designate youths in out-of-home care as a special population to receive priority treatment for Title X services.

✓ Ensure that the Title X program codify the long-standing practice that all grantees offer and provide information on pregnancy management options upon the request of the patient. These options must include counseling and referral for prenatal care and delivery; infant care, foster care, and adoption; and termination of pregnancy.

✓ Support a substantial increase in funds for Title X Family Planning in the FY 2000 budget.

✓ Support Senator Moynihan's (D-NY) proposal to fund "Second Chance Homes" for teen mothers.

✓ Advocate for continued eligibility coverage until age 21 years for teen mothers in foster care.

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[10] Alan Guttmacher Institute. (1994). *Sex and America's teenagers*. New York: Author.

✓ Press for programs to ensure jobs, job training and parenting education for fathers.

Key Resources

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House Commerce Committee
Majority Office: Phone 202/225-2927
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http://www.house.gov/commerce
http://www.house.gov/commerce_democrats

House Ways and Means Committee
Majority Office: Phone 202/225-3625
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PRESERVE FAIR HOUSING PROTECTIONS FOR CHILDREN AND YOUTHS

The Fair Housing Act (FHA) [42 USC §3601] helps to prevent housing discrimination that denies children and youths access to housing opportunities. The law ensures equal housing opportunity without regard for race, color, religion, national origin, gender, disability, or "family status." Under the "family status" provision of the law, children needing foster family care, group home care, and other types of shelter care cannot be barred from receiving that care in residential neighborhoods, simply because the residents are unrelated.

Group homes of many types, however, frequently face opposition from local zoning authorities and community groups. Under the FHA, group homes for children and youths have been able to challenge this type of discrimination and to guarantee all children, including the country's most vulnerable, the chance to benefit from supportive and structured environments. Courts have affirmed that a group of children under 18 who are wards of the state constitute a "family" and are therefore afforded the protection of the FHA.

The Facts

- Community-based group homes for children are a critical part of the array of services available to abused, neglected and runaway children and youths. Group homes, as well as residential treatment centers, wilderness programs, independent living programs, therapeutic foster homes, and family foster homes all play important roles in helping children and youths so that they can return to their families, be adopted or placed in another permanency setting, or live independently, as appropriate.

  Group homes and other residential programs are an integral part of the range of options needed for juvenile offenders. If group homes and other community-based programs are no longer an option for adjudicated youths, judges and state officials will have to send these youths home or to large detention facilities. Sending youths to large locked institutions is much more expensive than group care and is simply not appropriate for less serious offenders, in large part because they would "learn" from more serious offenders. More juveniles would be sent home without having received the services available to help them transition to community living.

- Group homes and other residential programs offer essential services and treatment that young people need to help deter recidivism. For many youths, the juvenile justice system may provide their first opportunity for treatment such as individual and group counseling, family therapy, and life skills training, as well as community service activities, vocational training,

and employment. Placement in the community offers them opportunities for socialization and participation in local schools and recreational activities.

- Residential group home facilities for children need to be located in communities. Abused, neglected, runaway children and youths transitioning from detention facilities to communities need to be part of the community. A neighborhood location for a group home ensures opportunities for socialization, participation in local schools and recreational activities, as well as access to needed services, vocational training, and employment. Segregation of these children and youths in commercial or industrial zones would further stigmatize and isolate them, when they have already experienced the pain of abuse and separation from their family.

- Restriction of group homes for children to commercial or industrial zones would make these homes unaffordable to develop, since this land often is more expensive.

- Residential group homes for abused and neglected children in residential communities do not pose dangers to the community. Group homes can be assets to the community. They are good neighbors and present no problems for public safety or property values. In fact, group homes can enhance community safety by providing professional supervision to children who require it and who otherwise are left unsupervised either in abusive or incompetent homes or on the streets. More than 50 studies have discovered that group homes have no effect on property values and often are the best maintained properties on the block.[1]

- Juveniles in group homes and other residential programs who have been adjudicated delinquent generally are not a danger to others or to the community. Most have been charged with non-violent offenses, such as shoplifting, trespassing and vandalism. Only 8 percent of all juveniles charged with a crime are charged with committing serious violent offenses.[2]

- Many delinquent youths have been abused and neglected. A recent national study found that 43 percent of delinquent youths entering group homes had been sexually abused, 29 percent had been physically abused, and 71 percent had experienced severe neglect. Of delinquent youths entering residential treatment facilities, 32 percent had been sexually abused, 45 percent had been physically abused, and 28 percent had experienced severe neglect.[3]

- Group homes and residential care programs offer needed structure and continuous supervision to young people seven days a week, 24 hours a day. Many of the young people are provided the discipline and adult attention that have been lacking earlier in their lives.

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[1] Lauber, D. (1996). A Real LULU: Zoning for Group Homes and Halfway Houses Under the Fair Housing Amendments Act of 1988. *The John Marshall Law Review, Vol. 29:* 639, 384-385.

[2] Sickmund, M., Snyder, H.N. & Poe-Yamagata, E. (1997). *Juvenile offenders and victims: 1997 update on violence.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention, p. 33.

[3] Unpublished data from Curtis, P., & Brockman, C. (January, 1999). *The Odyssey project.* Washington, DC: Child Welfare League of America.

The Context

For several years, local elected officials have expressed concern that the federal Fair Housing Act has constrained their decisionmaking. They contend that local jurisdictions cannot control the number of residents or location and density of group homes in residential neighborhoods. They have also expressed concerns about the impact of group homes on communities.

During the past three years, these concerns have resulted in legislative proposals that would weaken Fair Housing Act protections. The National League of Cities, representing mayors from across the country, endorsed legislation approved in 1998 by the House Judiciary Subcommittee on the Constitution that would strip protections against discrimination in housing for abused and neglected children, troubled youths, individuals with disabilities, and others who may need group care.

The legislation was sponsored by Representatives Bilbray (R-CA) and Canady (R-FL). The bill would have narrowed the current definition of "familial status" under the FHA to exclude individuals not related by birth, marriage, adoption, or placement in a traditional foster family home from the protections under the Fair Housing Act. Under this bill, localities could use zoning laws to exclude homes serving these groups from neighborhood settings. Children could be denied the right to appropriate care in residential neighborhoods where they would be close to schools and other essential services and supports. Service providers would be tied up more than they are now in costly "NIMBY"[4] battles, rather than serving those in need and building healthy connections with communities.

Due to the strong protests from CWLA member agencies and others, the bill never came before the full House Judiciary Committee for a vote. In a compromise effort, the sponsors of the bill drafted a substitute bill that would have stripped the federal Fair Housing protections only for juveniles adjudicated delinquent whose crimes are punishable by a sentence of more than one year (or would have been if committed by an adult). Under this proposal, children who shoplift a pair of $100 sneakers or committed petty vandalism (both crimes punishable by more than one year in some states) would have been excluded from the opportunity to live in an group home setting. CWLA also strongly opposed that compromise and it never came before the Committee for a vote. It is likely that a similar proposal will receive Congressional attention in 1999.

Action Required

✓ Preserve basic protections under the federal Fair Housing Act that ensure that vulnerable children and youths can live in group homes in community settings.

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[4] Acronym for "not in my backyard" —idiom used to connote parochial attitudes by community residents when asked to bear a community responsibility.

✓ Forge constructive relationships between state and local governments, neighbors, service providers, and residents of group homes. Communities must find ways to accommodate the needs of children and youths who need to live in group care settings and group care facilities need to respond to community concerns. CWLA is working with a broad coalition of advocates and representatives from the National League of Cities, the U.S. Conference of Mayors, and the National Association of Counties to better understand the problems some communities are experiencing and to pursue appropriate remedies that will improve quality of care, program oversight, and regulatory enforcement. One of the first products of this collaboration is a resource guide for communities and providers on the federal Fair Housing Act and strategies for meeting the needs of children and youth as well as addressing community concerns.

The Message

- The civil rights of children and youths, persons with disabilities, and elderly persons to live in group homes in community settings must be preserved.

- Amending the federal Fair Housing law is not an appropriate response to problems that exist in some communities. Local governments currently have expansive power to enforce community safety and other standards in residential areas through laws on nuisance; size, maintenance and appearance of the property; occupancy; and health and safety.

- Group homes for abused and neglected children, youths adjudicated delinquent, or other vulnerable populations do not endanger communities and should not be segregated.

Next Steps

✓ Contact your Members of Congress and educate them about the problems and appropriate remedies.

✓ Urge them to vote NO on any legislation that would strip the FHA protections from children, youths, and others who need residential group care. Young people should not be denied the right to appropriate care and treatment in residential neighborhoods where they can be close to schools and other essential supports and services.

Key Resources

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APPENDIX I

KEY LEGISLATIVE TERMS

Appropriations Process: The legislative process annually undertaken by Congress to determine the amount of funds provided—or appropriated—for all federal programs each fiscal year, which begins October 1. (The amount appropriated for a particular program is affected by the budget and authorization processes, and appropriations for federal discretionary and entitlement programs are determined differently, as explained below.) Funding for every federal program is included in one of the 13 appropriations bills developed each year by the 13 subcommittees of the House and Senate Appropriations Committees. Each appropriations bill must start in the House, go through the entire legislative process, and be signed by the president before the funds appropriated may be spent.

Continuing Resolution: If Congress does not complete some or all of its appropriations bills before the October 1 beginning of the fiscal year, it must pass legislation to continue the flow of federal funds and the operation of federal programs and activities. These temporary appropriations bills are called Continuing Resolutions (or CRs); they too must go through the entire legislative process, although this is often done in an unusually expedited manner.

Labor/HHS Appropriations Bill: Appropriations for most federal children's programs are included in the annual bill developed by the House and Senate Labor, Health and Human Services, and Education Appropriations Subcommittees (usually referred to as the Labor/HHS Subcommittees). The annual appropriations bill is called the Labor/HHS Bill.

Supplemental Appropriations Bill: An annual appropriations process determines appropriations for the upcoming fiscal year. Often, however, Congress provides additional funds for particular activities after the regular appropriations process has been completed and the fiscal year has begun. These supplemental funds are then grouped together into a special Supplemental Appropriations Bill, which must go through appropriations channels.

Authorization Process: The legislative process to establish the substantive provisions of laws that govern a federal program or agency. An authorization bill states the purpose of the program and authorizes such things as the services that may be provided, the types of agencies which may provide them, and how much funding Congress is allowed or "authorized" to appropriate for the new program.

Authorizing Committees: Congressional committees with substantive *(programmatic)* —as opposed to appropriations *(funding)*—jurisdiction over federal programs and agencies.

Authorization Levels: Funding ceilings or limits that are included in authorization legislation to guide the appropriations process. If legislation "authorizes" $100 million for a program, Congress may actually appropriate any funding level **up to** that amount. Occasionally, legislation authorizes "such sums as may be necessary," instead of a specific amount. This provides Congress with much greater leeway in setting the appropriation or funding level for the program.

Reauthorization: The legislation that renews a program or agency, which may also make substantive changes and set new authorization levels.

Block Grants: Grants to states that can be used for a variety of purposes. Block grants are funded by annual appropriations of Congress and allocated to states by formula. Block grants usually provide considerable flexibility to governors for delivering the services outlined in the block grant.

Budget Process: The annual process by which the president and Congress set the general priorities for federal spending and revenue that will guide further appropriations and authorizations throughout the year. Early in the year, the president submits his proposed budget for the fiscal year that begins the following October. After considering the president's proposals, Congress develops and approves its own Congressional Budget Resolution, which sets general spending and revenue targets and limits in broad policy areas.

Budget Authority: Authority to enter into obligations that will result in immediate or future outlays involving federal funds. Appropriation bills provide budget authority.

Budget Caps: Specific percentage limits on rates of increase. Under current law, dollar limits are placed only on programs whose money is subject to the annual appropriations process—discretionary and foreign aid spending. Entitlement programs are not currently capped at a specific amount. Discretionary appropriations have been capped since the 1990 budget agreement. The 1997 budget law (P.L. 105-33) extended these caps through 2002.

Budget Enforcement Act (BEA): Legislation enacted in 1990 (Title XIII of the Omnibus Budget Reconciliation Act of 1990) to control federal spending. It replaced the Gramm-Rudman budget law and established new restrictions on federal discretionary and entitlement spending. Components of the BEA were extended by the Balanced Budget Act of 1997.

Budget Surplus: The amount by which federal revenue exceeds federal spending. The FY 1998 federal budget surplus was $70 billion. The FY 1999 surplus is expected to be $76 billion.

Concurrent Budget Resolution: A budget resolution passed by both houses of Congress but not requiring the signature of the president. The annual budget resolution presents both fiscal aggregates (such as total budget authority, outlays and deficit) and a subdivision of spending by functional category for the year. May also include binding instructions on the level of savings each committee must produce (see Reconciliation below).

Debt Ceiling: A statutory limit imposed on the total outstanding federal debt. The ceiling can be raised or lowered through an act of Congress.

Discretionary Spending Cap: A limit placed on the total amount of budget authority and outlays for discretionary programs Congress can provide in a given fiscal year.

Fiscal Year: The federal government's accounting period, which begins October 1 and ends September 30.

Pay-as-you-go Rules: Budget rules to ensure that spending resulting from programmatic changes does not increase the deficit. For example, Members of Congress who wanted to increase Medicare benefits would be required to offset this increase by reducing another entitlement program or raising taxes. Similarly, cuts in taxes must be "paid for" by reducing entitlement spending or raising other revenues. Also referred to as *paygo*.

Reconciliation: The process used by Congress to amend tax and entitlement programs to meet the instructions in the budget resolution regarding outlay and revenue targets. Reconciliation legislation has served recently as the primary vehicle for deficit reduction and tax cut measures.

Rescission: The cancellation of previously appropriated funds. Through line item veto authority, the president can strike specific items within a larger spending bill.

Categorical Grant: An allocation of funds for a particular programmatic purpose.

Discretionary Program: A federal program for which the appropriation level is set each year at the "discretion" of Congress. Most federal programs—other than entitlements—are discretionary programs.

Entitlement Program: A federal program that entitles all persons, businesses, or agencies meeting specified eligibility criteria to certain benefits or services—such as Social Security, Medicare, Food Stamps, and the Foster Care and Adoption Assistance programs. Legislation is required to establish an entitlement program and to make any changes in eligibility or benefit levels. While funds for entitlement programs are contained in the annual appropriations bills, the funding level is automatically set rather than left to the discretion of Congress.

Capped Entitlement: An unusual type of entitlement in which a cap or limit is set by law on its total annual funding. The authorization legislation containing the substantive law governing the program also sets its annual funding level, and this amount is automatically included in the annual appropriations bill. The Title XX Social Services Block Grant is a capped entitlement.

Means-tested entitlement: A program in which one's "means" or income is a primary factor in eligibility. These include Medicaid, Foster Care and Adoption Assistance, and Food Stamps.

Non-means-tested entitlement: A program for which one's "means" or income is **not** a factor in eligibility. Social Security and Medicare are the largest non-means-tested entitlements.

Federal Poverty Guidelines: The HHS Poverty Guidelines are a simplified version of the statistical poverty thresholds used by the Bureau of the Census to prepare its statistical estimates of the number of persons and families in poverty. The Poverty Guidelines are used to determine whether a person or family is financially eligible for assistance or services under a particular Federal program. The 1998 Poverty Guidelines (released February 24, 1998) reflect price changes through calendar year 1997 as measured by the Consumer Price Index. The 1998 Poverty Guideline for the 48 contiguous states and the District of Columbia for a family of four is $16,450. Alaska and Hawaii have separate guidelines. By comparison, the poverty threshold for a family of four for calendar year 1996 was $16,036. Poverty indicators vary with family size.

Title IV-A: The Block Grants to States for Temporary Assistance for Needy Families (TANF) program is codified as Part A of Title IV of the Social Security Act, enacted in 1996.

Title IV-B: The federal Child Welfare Services Program is codified as Part B of Title IV of the Social Security Act.

Title IV-B, subpart 2: The Promoting Safe and Stable Families Program is codified as subpart 2 of the Title IV-B Child Welfare Services Program.

Title IV-E: The federal Foster Care and Adoption Assistance Program is codified as Part E of Title IV of the Social Security Act.

Title X: The federal Family Planning program is codified as Title X of the Public Health Services Act.

Title XIX: The federal Medicaid program is codified as Title XIX of the Social Security Act.

Title XX: The federal Social Services Block Grant program is codified as Title XX of the Social Security Act.

Title XXI: The State Children's Health Insurance Program (SCHIP) is codified as Title XXI of the Social Security Act, enacted in 1997.

"Unfunded Mandate": A requirement imposed on states by the federal government without federal funding to meet the requirement.

APPENDIX II

KEY CONGRESSIONAL COMMITTEES

Senate Appropriations Committee
Majority Office: Phone 202/224-3471—Room S-128 Capitol
Minority Office: Phone 202/224-7200—Room S-206 Capitol
http://www.senate.gov/~appropriations

The Appropriations Committee has responsibility for developing the legislation that sets the annual funding, or appropriation, level for each specific federal discretionary program or activity. Funding for federal entitlement programs is also included in appropriations bills, but their annual funding level is automatically set by the cost of the program rather than at the "discretion" of the Committee. Funding for every federal program or activity is included within one of the 13 appropriations bills developed by the 13 appropriations subcommittees each year. The appropriations bill, which sets annual funding levels for most children's programs, is developed by the *Subcommittee on Labor, Health and Human Services, and Education.* A few children's programs are also included in the bills developed by the *Subcommittee on Veterans, Housing and Urban Development, and Independent Agencies;* the *Subcommittee on Commerce, Justice, State, and the Judiciary;* and the *Subcommittee on the Interior.*

Members:

Republicans (15)
Ted Stevens, AK, Chair
Thad Cochran, MS
Arlen Specter, PA
Pete V. Domenici, NM
Christopher Bond, MO
Slade Gorton, WA
Mitch McConnell, KY
Conrad Burns, MT
Richard Shelby, AL
Judd Gregg, NH
Robert F. Bennett, UT
Ben Nighthorse Campbell, CO
Larry E. Craig, ID
Kay Bailey Hutchison, TX
Jon L. Kyl, AZ

Democrats (13)
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Daniel K. Inouye, HI
Ernest Hollings, SC
Patrick J. Leahy, VT
Frank R. Lautenberg, NJ
Tom Harkin, IA
Barbara A. Mikulski, MD
Harry Reid, NV
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Patty Murray, WA
Byron Dorgan, ND
Dianne Feinstein, CA
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Majority Staff Director:
Steven Cortese

Minority Staff Director:
James H. English

Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education
Majority Office: Phone 202/224-7230—Room SD-184
Minority Office: Phone 202/224-7288—Room SH-123
http://www.senate.gov/~appropriations/labor/index.htm

Members:

Republicans (8)
Arlen Specter, PA, Chairman
Thad Cochran, MS
Slade Gorton, WA
Judd Gregg, NH
Larry Craig, ID
Kay Bailey Hutchison, TX
Ted Stevens, AK
Jon Kyl, AZ

Democratic Members Not Finalized at Time of Publication

Senate Budget Committee
Majority Office: Phone 202/224-0642—Room SD-621
Minority Office: Phone 202/224-9712—Room SD-634
http://www.senate.gov/~budget

This committee develops the *Concurrent Budget Resolution,* which sets the overall spending and revenue priorities in broad policy areas for the upcoming fiscal year and must be approved by both houses of Congress.

Members:

Republicans (12)
Pete V. Domenici, NM, Chair
Charles E. Grassley, IA
Don Nickles, OK
Phil Gramm, TX
Christopher S. Bond, MO
Slade Gorton, WA
Judd Gregg, NH
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Spencer Abraham, MI
Bill Frist, TN
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Gordon H. Smith, OR

Democrats (10)
Frank R. Lautenberg, NJ, Ranking Member
Ernest F. Hollings, SC
Kent Conrad, ND
Paul S. Sarbanes, MD
Barbara Boxer, CA
Patty Murray, WA
Ron Wyden, OR
Russ Feingold, WI
Tim Johnson, SD
Richard J. Durbin, IL

Majority Staff Director:
William Hoagland

Minority Staff Director:
Bruce King

Senate Finance Committee
Majority Office: Phone 202/224-4515—Room SD-219
Minority Office: Phone 202/224-5315—Room SH-203
http://www.senate.gov/~finance

This authorization committee has jurisdiction over federal tax or revenue measures and a broad range of federal programs, activities and legislation, including social security and child welfare programs and other federal programs of particular importance to children and families: *Temporary Assistance for Needy Families (Title IV-A); Child Care and Development Block Grant; Child Welfare Services Program (Title IV-B); Promoting Safe and Stable Families Program (Title IV-B, Subpart 2); Foster Care Assistance, Adoption Assistance and Independent Living (Title IV-E); Medicaid (Title XIX); Social Services Block Grant Program (Title XX); and State Child Health Insurance Program (SCHIP-Title XXI).*

Members:

Republicans (11)
William V. Roth, Jr., DE, Chair
John H. Chaffee, RI
Charles E. Grassley, IA
Orrin G. Hatch, UT
Frank H. Murkowski, AK
Don Nickles, OK
Phil Gramm, TX
Trent Lott, MS
James M. Jeffords, VT
Connie Mack, FL
Fred Thompson, TN

Democrats (9)
Daniel P. Moynihan, NY, Ranking Member
Max Baucus, MT
John D. Rockefeller IV, WV
John B. Breaux, LA
Kent Conrad, ND
Bob Graham, FL
Richard Bryan, NV
J. Robert Kerrey, NE
Charles S. Robb, VA

Majority Staff Director:
Frank Polk

Minority Staff Director:
Mark Patterson

Senate Finance Subcommittee on Healthcare
Majority Office: Phone 202/224-4515—Room SD-219
Minority Office: Phone 202/224-5315—Room SH-203

Members:

Republicans (8)
John H. Chafee, RI, Chairman
William V. Roth, Jr., DE
James M. Jeffords, VT
Charles E. Grassley, IA
Phil Gramm, TX
Don Nickles, OK
Orrin G. Hatch, UT
Fred Thompson, TN

Democrats (7)
John D. Rockefeller IV, WV, Ranking Member
Max Baucus, MT
John Breaux, LA
Ken Conrad, ND
Bob Graham, FL
Richard H. Bryan, NV
J. Robert Kerrey, NE

Senate Finance Subcommittee on Social Security and Family Policy
Majority Office: Phone 202/224-4515—Room SD-219
Minority Office: Phone 202/224-5315—Room SH-203

Members:

Republicans (6)
Don Nickles, OK, Chairman
Phil Gramm, TX
Trent Lott, MS
James M. Jeffords, VT
John H. Chafee, RI
Fred Thompson, TN

Democrats (5)
John Breaux, LA, Ranking Member
Daniel Patrick Moynihan, NY
John D. Rockefeller IV, WV
J. Robert Kerrey, NE
Charles S. Robb, VA

Senate Judiciary Committee
Majority Office: Phone 202/224-5225—Room SD-224
Minority Office: Phone 202/224-7703—Room SD-148
http://www.senate.gov/~judiciary

This is an authorization committee with jurisdiction over a broad range of legislation and federal programs, including the *Juvenile Justice and Delinquency Prevention Act of 1974 (JJDPA)* and the *Violent Crime Control and Law Enforcement Act of 1994*.

Members:

Republicans (10)
Orrin G. Hatch, UT, Chair
Strom Thurmond, SC
Charles E. Grassley, IA
Arlen Specter, PA
Jon L. Kyl, AZ
Mike DeWine, OH
John Ashcroft, MO
Spencer Abraham, MI
Jeff Sessions, AL
Robert C. Smith, NH

Democrats (8)
Patrick J. Leahy, VT, Ranking Member
Edward M. Kennedy, MA
Joseph R. Biden, Jr., DE
Herbert H. Kohl, WI
Dianne Feinstein, CA
Russell Feingold, WI
Robert G. Torricelli, NJ
Charles Schumer, NY

Majority Chief Counsel:
Manus Cooney

Minority Chief Counsel:
Bruce Cohen

Senate Judiciary Subcommittee on Youth Violence
Majority Office: Phone 202/224-7572—Room SD-519
Minority Office: Phone 202/224-0558—Room SH-305
http://www.senate.gov/~judiciary/youtest.htm

Members:*

Republicans (5)
Jeff Sessions, AL, Chair
Mike DeWine, OH
John Ashcroft, MO
Charles E. Grassley, IA
Vacancy

Democrats (4)
Joseph R. Biden, Jr., DE, Ranking Member
Robert G. Torricelli, NJ
Herbert H. Kohl, WI
Dianne Feinstein, CA

*Members at Time of Publication

Senate Health, Education, Labor, and Pensions Committee
Majority Office: Phone 202/224-5375—Room SD-428
Minority Office: Phone 202/224-0767—Room SD-644
http://www.senate.gov/~labor

This is an authorization committee with jurisdiction over education, health, labor, and numerous federal programs concerning children and families, including *Adoption Opportunities Act; Child Abuse Prevention and Treatment Act; Community-Based Family Resource Centers; Head Start; Substance Abuse Prevention and Treatment Block Grant; Community Mental Health Block Grant; Children's Mental Health Services Program; National and Community Service Act; Family Planning Program (Title X); Ryan White Comprehensive AIDS Resources Emergency Act; Pediatric AIDS Health Care Demonstration Projects; Individuals with Disabilities Education Act (Part H); Abandoned Infants Assistance Act; Youth Development Community Block Grant;* and *managed health care.*

Members:

Republicans (10)
James M. Jeffords, VT, Chair
Judd Gregg, NH
Bill Frist, TN
Mike DeWine, OH
Michael B. Enzi, WY
Tim Hutchinson, AR
Susan M. Collins, ME
Sam Brownback, KS
Chuck Hagel, NE
Jeff Sessions, AL

Democrats (8)
Edward M. Kennedy, MA, Ranking Member
Christopher J. Dodd, CT
Tom Harkin, IA
Barbara A. Mikulski, MD
Jeff Bingaman, NM
Paul D. Wellstone, MN
Patty Murray, WA
Jack Reed, RI

Majority Staff Director:
Mark Powden

Minority Staff Director:
Michael Myers

Senate Health and Education Subcommittee on Children and Families
Majority Staff: Phone 202/224-5800—Room SH-625
Minority Staff: Phone 202/224-5630—Room SH-404B

Members:

Republicans (6)
Judd Gregg, NH, Chair
Bill Frist, TN
Mike DeWine, OH
Susan M. Collins, ME
Sam Brownback, KS
Chuck Hagel, NE

Democrats (5)
Christopher J. Dodd, CT, Ranking Member
Jeff Bingaman, NM
Paul Wellstone, MN
Patty Murray, WA
Jack Reed, RI

Senate Health and Education Subcommittee on Public Health and Safety
Majority Staff: Phone 202/224-7139—Room SD-422
Minority Staff: Phone 202/224-7675—Room SH-527

Members:

Republicans (6)
Bill Frist,TN, Chair
Judd Gregg, NH
Michael B. Enzi, WY
Susan M. Collins, ME
Sam Brownback, KS
Jeff Sessions, AL

Democrats (5)
Edward M. Kennedy, MA, Ranking Member
Tom Harkin, IA
Barbara A. Mikulski, MD
Jeff Bingaman, NM
Jack Reed, RI

House Appropriations Committee
Majority Office: Phone 202/225-2771—Room H-218 Capitol
Minority Office: Phone 202/225-3481—Room 1016 LHOB
http://www.house.gov/appropriations

The Appropriations Committee, similar to its counterpart in the Senate, develops the legislation that sets the annual funding, or appropriation, level for each specific federal discretionary program or activity. Funding for federal entitlement programs is also included in appropriations bills, but their annual funding level is automatically set by the cost of the program, rather than at the "discretion" of the Committee. Funding for every federal program or activity is included within one of the 13 appropriations bills developed by the 13 appropriations subcommittees each year. The *Subcommittee on Labor, Health and Human Services, and Education* develops the appropriations bill that sets annual funding levels for most children's programs. A few children's programs are also included in the bills developed by the *Subcommittee on Veterans, Housing and Urban Development, and Independent Agencies;* the *Subcommittee on Commerce, Justice, State, and the Judiciary;* and the *Subcommittee on the Interior.*

Members:

Republicans (34)
C.W. "Bill" Young, 1st-FL, Chairman
Ralph Regula, 16th-OH
Jerry Lewis, 40th-CA
John Edward Porter, 10th-IL
Harold Rogers, 5th-KY
Joe Skeen, 2nd-NM
Frank R. Wolf, 10th-VA
Tom DeLay, 22nd-TX
Jim Kolbe, 5th-AZ
Ron Packard, 48th-CA
Sonny Callahan, 1st-AL
James T. Walsh, 25th-NY
Charles H. Taylor, 11th-NC
David L. Hobson, 7th-OH
Ernest J. Istook, Jr., 5th-OK
Henry Bonilla, 23rd-TX
Joe Knollenberg, 11th-MI
Dan Miller, 13th-FL
Jay Dickey, 4th-AR
Jack Kingston, 1st-GA
Rodney P. Frelinghuysen, 11th-NJ
Roger F. Wicker, 1st-MS
Michael P. Forbes, 1st-NY
George R. Nethercutt, Jr., 5th-WA
Randy "Duke" Cunningham, 51st-CA
Todd Tiahrt, 4th-KS
Zack Wamp, 3rd-TN
Tom Latham, 5th-IA
Anne M. Northup, 3rd-KY
Robert B. Aderholt, 4th-AL
Jo Ann Emerson, 8th-MO
John E. Sununu, 1st-NH
Kay Granger, 12th-TX
John E. Peterson, 5th-PA

Democrats (27)
David R. Obey, 7th-WI, Ranking Member
John P. Murtha, 12th-PA
Norman D. Dicks, 6th-WA
Martin Olav Sabo, 5th-MN
Julian C. Dixon, 32nd-CA
Steny H. Hoyer, 5th-MD
Alan B. Mollohan, 1st-WV
Marcy Kaptur, 9th-OH
Nancy Pelosi, 8th-CA
Peter J. Visclosky, 1st-IN
Nita M. Lowey, 18th-NY
José E. Serrano, 16th-NY
Rosa L. DeLauro, 3rd-CT
James P. Moran, 8th-VA
John W. Olver, 1st-MA
Ed Pastor, 2nd-AZ
Carrie P. Meek, 17th-FL
David E. Price, 4th-NC
Chet Edwards, 11th-TX
Robert E. "Bud" Cramer, 5th-AL
James E. Clyburn, 6th-SC
Maurice D. Hinchey, 26th-NY
Lucille Roybal-Allard, 33rd-CA
Sam Farr, 17th-CA
Jesse L. Jackson, Jr., 2nd-IL
Carolyn C. Kilpatrick, 15th-MI
Allen Boyd, 2nd-FL

Majority Staff Director:
James Dyer

Minority Staff Director:
Scott Lilly

House Appropriations Subcommittee on Labor, Health and Human Services, and Education
Majority Office: Phone 202/225-3508—Room 2358 RHOB
Minority Office: Phone 202/225-3481—Room 1016 LHOB

Members:

Republicans (9)
John Edward Porter, 10th-IL, Chair
C.W. "Bill" Young, 1st-FL
Henry Bonilla, 23rd-TX
Ernest J. Istook, Jr., 5th-OK
Dan Miller, 13th-FL
Jay Dickey, 4th-AR
Roger F. Wicker, 1st-MS
Anne M. Northup, 3rd-KY
Randy "Duke" Cunningham, 51st-CA

Democrats (6)
David R. Obey, 7th-WI, Ranking Member
Steny H. Hoyer, 5th-MD
Nancy Pelosi, 8th-CA
Nita M. Lowey, 18th-NY
Rosa L. DeLauro, 3rd-CT
Jesse L. Jackson, Jr., 2nd-IL

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House Budget Committee
Majority Office: Phone 202/226-7270—Room 309 CHOB
Minority Office: Phone 202/226-7200—Room 214 O'NHOB
http://www.house.gov/budget
http://www.house.gov/budget_democrats

This committee develops the *Concurrent Budget Resolution,* which sets overall spending and revenue priorities in broad policy areas for the upcoming fiscal year and must be approved by both houses of Congress.

Members:

Republicans (24)
John R. Kasich, 12th-OH, Chairman
Saxby Chambliss, 8th-GA
Christopher Shays, 4th-CT
Wally Herger, 2nd-CA
Bob Franks, 7th-NJ
Nick Smith, 7th-MI
Jim Nussle, 2nd-IA
Peter Hoekstra, 2nd-MI
George P. Radanovich, 19th-CA
Charles F. Bass, 2nd-NH
Gil Gutknecht, 1st-MN
Van Hilleary, 4th-TN
John E. Sununu, Jr., 1st-NH
Joseph Pitts, 16th-PA
Joe Knollenberg, 11th-MI
William "Mac" Thornberry, 13th-TX
Jim R. Ryun, 2nd-KS
Mac Collins, 3rd-GA
Zach Wamp, 3rd-TN
Mark Green, 8th-WI
Ernie Fletcher, 6th-KY
Gary Miller, 41st-CA
Paul Ryan, 1st-WI
Patrick J. Toomey, 15th-PA

Democrats (19)
John Spratt, Jr., 5th-SC, Ranking Member
Jim A. McDermott, 7th-WA
Lynn Rivers, 13th-MI
Bennie Thompson, 2nd-MS
David Minge, 2nd-MN
Ken Bentsen, 25th-TX
Jim Davis, 11th-FL
Bob Weygand, 2nd-RI
Eva Clayton, 1st-NC
David Price, 4th-NC
Edward J. Markey, 7th-MA
Gerald Kleczka, 4th-WI
Bob Clement, 5th-TN
James P. Moran, 8th-VA
Darlene Hooley, 5th-OR
Ken Lucas, 4th-KY
Rush Holt, 12th-NJ
Joseph Hoeffel, 13th-PA
Tammy Baldwin, 2nd-WI

Majority Staff Director:
Wayne Struble

Minority Staff Director:
Thomas Khan

House Commerce Committee
Majority Office: Phone 202/225-2927—Room 2125 RHOB
Minority Office: Phone 202/225-3641—Room 2322 RHOB
http://www.house.gov/commerce
http://www.house.gov/commerce_democrats

This authorization committee has jurisdiction over a wide range of federal programs and legislation. Its *Subcommittee on Health and the Environment* has jurisdiction over numerous important health programs, including *Substance Abuse Performance Partnership Block Grant; Mental Health Performance Partnership Block Grant; Ryan White Comprehensive AIDS Resources Emergency Act; Children's Mental Health Services Program; Family Planning Program (Title X of the Public Health Service Act); State Child Health Insurance Program (SCHIP-Title XXI); Medicaid (Title XIX)* and *managed health care.*

Members:

Republicans (28)
Tom Bliley, 7th-VA, Chair
W.J. "Billy" Tauzin, 3rd-LA
Michael Bilirakis, 9th-FL
Joe Barton, 6th-TX
Frederick S. Upton, 6th-MI
Cliff Stearns, 6th-FL
Paul E. Gillmor, OH
James C. Greenwood, 8th-PA
C. Christopher Cox, 47th-CA
Nathan Deal, 9th-GA
Steve Lagent, 1st-OK
Richard Burr, 5th-NC
Brian P. Bilbray, 49th-CA
Ed Whitfield, 1st-KY
John Gregory Ganske, 4th-IA
Charles W. Norwood, Jr., 10th-GA
Thomas A. Coburn, 2nd-OK
Rick Lazio, 2nd-NY
Barbara Cubin, At Large-WY
James E. Rogan, 27th-CA
John Shimkus, 20th-IL
Heather Wilson, 1st-NM
John B. Shadegg, 4th-AZ
Charles W. "Chip" Pickering, 3rd-MS
Vito Fossella, 13th-NY
Roy Blunt, 7th-MO
Ed Bryant, 7th-TN
Robert L. Ehrlich, Jr., 2nd-MD

Democrats (24)
John D. Dingell, 16th-MI, Ranking Member
Henry A. Waxman, 29th-CA
Edward J. Markey, 7th-MA
Ralph M. Hall, 4th-TX
Rick Boucher, 9th-VA
Edolphus Towns, 10th-NY
Frank Pallone, Jr., 6th-NJ
Sherrod Brown, 13th-OH
Bart Gordon, 6th-TN
Peter Deutsch, 20th-FL
Bobby L. Rush, 1st-IL
Anna G. Eshoo, 14th-CA
Ron Klink, 4th-PA
Bart Stupak, 1st-MI
Eliot L. Engel, 17th-NY
Thomas C. Sawyer, 14th-OH
Albert Russell Wynn, 4th-MD
Gene Green, 29th-TX
Karen McCarthy, 5th-MO
Ted Strickland, 6th-OH
Diana DeGette, 1st-CO
Thomas Barrett, 5th-WI
Bill Luther, 6th-MN
Lois Capps, 22nd-CA

Majority Staff Director:
James Derderian

Minority Staff Director:
Reid Stuntz

House Commerce Subcommittee on Health and Environment
Majority Office: Phone 202/225-2927—Room 2125 RHOB
Minority Office: Phone 202/225-3641—Room 2322 RHOB
http://www.house.gov/commerce/health.html

Members:

Republicans (16)
Michael Bilirakis, 9th-FL, Chair
Fred Upton, 6th-MI
Cliff Stearns, 6th-FL
James C. Greenwood, 8th-PA
Nathan Deal, 9th-GA
Richard Burr, 5th-NC
Brian P. Bilbray, 49th-CA
Ed Whitfield, 1st-KY
John Gregory Ganske, 4th-IA
Charles W. Norwood, 10th-GA
Tom Coburn, 2nd-OK
Rick Lazio, 2nd-NY
Barbara Cubin, At Large-WY
John B. Shadegg, 4th-AZ
Charles W. "Chip" Pickering, 3rd-MS
Ed Bryant, 7th-TN

Democrats (13)
Sherrod Brown, 13th-OH
Henry A. Waxman, 29th-CA
Frank Pallone, Jr., 6th-NJ
Peter Deutsch, 20th-FL
Bart Stupak, 1st-MI
Gene Green, 29th-TX
Ted Strickland, 6th-OH
Diana DeGette, 1st-CO
Thomas Barrett, 5th-WI
Lois Capps, 22nd-CA
Ralph M. Hall, 4th-TX
Edolphus Towns, 10th-NY
Anna G. Eshoo, 14th-CA

House Committee on Education and the Workforce
Majority Office: Phone 202/225-4527—Room 2181 RHOB
Minority Office: Phone 202/225-3725—Room 2101 RHOB
http://www.house.gov/eeo
http://www.house.gov/eeo_democrats

This is an authorization committee with jurisdiction over education, labor, and other federal program legislation concerning children, including *Adoption Opportunities Act; Child Abuse Prevention and Treatment Act; Community-Based Family Resource Centers; Child Care and Development Block Grant; Head Start; Juvenile Justice and Delinquency Prevention Act of 1974; Runaway and Homeless Youth Act; Individuals with Disabilities Education Act (Part H); National and Community Service Act;* and *Youth Development Community Block Grant.*

Members:

Republicans (26)
William F. Goodling, 19th-PA, Chair
Thomas E. Petri, 6th-WI
Marge Roukema, 5th-NJ
Cass Ballenger, 10th-NC
Bill E Barrett, 3rd-NE
John A. Boehner, OH
Peter Hoekstra, 2nd-MI
Howard "Buck" McKeon, 25th-CA
Mike Castle, At Large-DE
Sam Johnson, 3rd-TX
James Talent, 2nd-MO
James C. Greenwood, 8th-PA
Lindsey Graham, 3rd-SC
Mark E. Souder, 4th-IN
David McIntosh, 2nd-IN
Charles W. Norwood, 10th-GA
Ron Paul, 14th-TX
Bob Schaffer, 4th-CO
Fred Upton, 6th-MI
Nathan Deal, 9th-GA
Van Hilleary, 4th-TN
Vernon J. Ehlers, 3rd-MI
Matt Salmon, 1st-AZ
Tom Tancredo. 6th-CO
Ernie Fletcher, 6th-KY
Jim DeMint, 4th-SC

Democrats (21)
William L. Clay, 1st-MO, Ranking Member
George Miller, 7th-CA
Dale Kildee, 9th-MI
Matthew G. Martinez, 31st-CA
Major R. Owens, 11th-NY
Donald M. Payne, 10th-NJ
Patsy T. Mink, 2nd-HI
Robert E. Andrews, 1st-NJ
Tim Roemer, 3rd-IN
Robert C. Scott, 3rd-VA
Lynn Woolsey, 6th-CA
Chaka Fattah, 2nd-PA
Ruben Hinojosa, 15th-TX
Carolyn McCarthy, 4th-NY
John Tierney, 6th-MA
Ron Kind, 3rd-WI
Loretta Sanchez, 46th-CA
Harold Ford, Jr., 9th-TN
Dennis Kucinich, 10th-OH
David Wu, 1st-OR
Rush Holt, 12th-NJ

Majority Staff Director:
Kevin Talley

Minority Staff Director:
Gail Weiss

House Education Subcommittee on Early Childhood, Youth and Families
Majority Office: Phone 202/225-4527—Room 2181 RHOB
Minority Office: Phone 202/225-3725—Room 2101 RHOB
http://www.house.gov/eeo/mem-ecyf.htm

Members:

Republicans (17)
Mike Castle, At Large-DE, Chair
Sam Johnson, 3rd-TX
Mark E. Souder, 4th-IN
Ron Paul, 14th-TX
William Goodling, 19th-PA
James C. Greenwood, 8th-PA
David M. McIntosh, 2nd-IN
Fred Upton, 2nd-MI
Van Hilleary, 4th-TN
Thomas E. Petri, 6th-WI
Marge Roukema, 5th-NJ
John A. Boehner, 8th-OH
Lindsey Graham, 3rd-SC
Bob Schaffer, 4th-CO
Matt Salmon, 1st-AZ
Thomas G. Tancredo, 6th-CO
Jim DeMint, 4th-SC

Democrats (13)
Dale E. Kildee, 9th-MI, Ranking Member
George Miller, 7th-CA
Donald M. Payne, 10th-NJ
Patsy T. Mink, 2nd-HI
Robert C. Scott, 3rd-VA
Dennis J. Kucinich, 10th-OH
Lynn C. Woolsey, 6th-CA
Chaka Fattah, 2nd-PA
Ruben Hinojosa, 15th-TX
Carolyn McCarthy, 4th-NY
Loretta Sanchez, 46th-CA
Harold E. Ford, Jr., 9th-TN
David Wu, 1st-OR

House Judiciary Committee
Majority Office: Phone 202/225-3951—Room 2138 RHOB
Minority Office: Phone 202/225-6906— Room B-351C RHOB
http://www.house.gov/judiciary
http://www.house.gov/judiciary_democrats/demhome.htm

This is an authorization committee with jurisdiction over a broad range of legislation and federal programs and many matters pertaining to juvenile justice, including the *Violent Crime Control and Law Enforcement Act of 1994.*

Members:

Republicans (21)
Henry J. Hyde, 6th-IL, Chair
F. James Sensenbrenner, Jr., 9th-WI
Bill McCollum, 8th-FL
George W. Gekas, 17th-PA
Howard Coble, 6th-NC
Lamar S. Smith, 21st-TX
Elton Gallegly, 23rd-CA
Charles T. Canady, 12th-FL
Bob Goodlatte, 6th-VA
Steve Buyer, 5th-IN
Edward G. Bryant, 7th-TN
Steve J. Chabot, 1st-OH
Robert L. Barr, Jr., 7th-GA
William L. Jenkins, 1st-TN
Asa Hutchinson, 3rd-AR
Edward A. Pease, 7th-IN
Christopher B. Cannon, 3rd-UT
James E. Rogan, 27th-CA
Lindsey O. Graham, 3rd-SC
Mary Whitaker Bono, 44th-CA
Vacancy

Democrats (16)
John Conyers, Jr., 14th-MI, Ranking Member
Barney Frank, 4th-MA
Howard L. Berman, 26th-CA
Rick Boucher, 9th-VA
Jerrold Nadler, 8th-NY
Robert Scott, 3rd-VA
Melvin Watt, 12th-NC
Zoe Lofgren, 16th-CA
Sheila Jackson-Lee, 18th-TX
Maxine Waters, 35th-CA
Martin Meehan, 5th-MA
William Delahunt, 10th-MA
Robert Wexler, 19th-FL
Steve Rothman, 9th-NJ
Tammy Baldwin, 2nd-WI
Anthony D. Weiner, 9th-NY

Majority General Counsel:
Thomas E. Mooney

Minority Staff Director:
Julian Epstein

House Ways and Means Committee
Majority Office: Phone 202/225-3625—Room 1102 LHOB
Minority Office: Phone 202/225-4021—Room 1106 LHOB
http://www.house.gov/ways_means

This authorization committee has jurisdiction over federal tax or revenue measures and a broad range of federal programs, activities and legislation, including social security and child welfare programs. Its *Subcommittee on Health* and *Subcommittee on Human Resources* have jurisdiction over most of the following programs of particular importance to children and families: *Temporary Assistance for Needy Families (TANF); Foster Care Assistance, Adoption Assistance and Independent Living (Title IV-E); Child Care Development Block Grant; Child Welfare Services Program (Title IV-B of the Social Security Act); Promoting Safe and Stable Families Program (Title IV-B, Subpart 2); Social Services Block Grant Program (Title XX of the Social Security Act)* and *managed health care*.

Members:

Republicans (23)
Bill Archer, 7th-TX, Chair
Philip M. Crane, 8th-IL
William M. Thomas, 21st-CA
E. Clay Shaw, Jr., 22nd-FL
Nancy L. Johnson, 6th-CT
Amo Houghton, 31st-NY
Wally Herger, 2nd-CA
Jim McCrery, 5th-LA
Dave Camp, 4th-MI
Jim Ramstad, 3rd-MN
Jim Nussle, 2nd-IA
Sam Johnson, 3rd-TX
Jennifer Dunn, 8th-WA
Michael "Mac" Collins, 3rd-GA
Rob Portman, 2nd-OH
Philip S. English, 21st-PA
Wes Watkins, 3rd-OK
J.D. Hayworth, 6th-AZ
Jerry Weller, 11th-IL
Kenny Hulshof, 9th-MO
Scott McInnis, 3rd-CO
Ron Lewis, 2nd-KY
Mark A. Foley, 16th-FL

Democrats (16)
Charles B. Rangel, 15th-NY, Ranking Member
Fortney "Pete" Stark, 13th-CA
Robert T. Matsui, 5th-CA
William J. Coyne, 14th-PA
Sander M. Levin, 12th-MI
Benjamin L. Cardin, 3rd-MD
Jim McDermott, 7th-WA
Gerald D. Kleczka, 4th-WI
John Lewis, 5th-GA
Richard E. Neal, 2nd-MA
Michael R. McNulty, 21st-NY
William J. Jefferson, 2nd-LA
John S. Tanner, 8th-TN
Xavier Becerra, 30th-CA
Karen L. Thurman, 5th-FL
Lloyd Doggett, 10th-TX

Majority Staff Director:
Pete Singleton

Minority Staff Director:
Janice Mays

House Ways and Means Subcommittee on Human Resources
Majority Office: Phone 202/225-1025—Room B-317 RHOB
Minority Office: Phone 202/225-4021—Room 1106 LHOB

Members:

Republicans (8)
Nancy L. Johnson, 6th-CT, Chair
Philip S. English, 21st-PA
Wes Watkins, 3rd-OK
Ron Lewis, 2nd-KY
Mark Foley, 16th-FL
Scott McInnis, 3rd-CO
Jim McCrery, 5th-LA
Dave Camp, 4th-MI

Democrats (5)
Benjamin L. Cardin, 3rd-MD, Ranking Member
Fortney "Pete" Stark, 13th-CA
Robert T. Matsui, 5th-CA
William J. Coyne, 14th-PA
William J. Jefferson, 2nd-LA

House Ways and Means Subcommittee on Health
Majority Office: Phone 202/225-3943—Room 1136 LHOB
Minority Office: Phone 202/225-4021—Room 1106 LHOB

Members:

Republicans (9)
William M. Thomas, 21st-CA, Chair
Nancy L. Johnson, 6th-CT
Jim McCrery, 5th-LA
Philip M. Crane, 8th-IL
Sam Johnson, 3rd-TX
Dave Camp, 4th-MI
Jim Ramstad, 3rd-MN
Philip S. English, 21st-PA

Democrats (6)
Fortney "Pete" Stark, 13th-CA, Ranking Member
Gerald D. Kleczka, 4th-WI
John Lewis, 5th-GA
Jim McDermott, 7th-WA
Xavier Becerra, 30th-CA
Karen L. Thurman, 5th-FL

APPENDIX III

VOTING—ESSENTIAL CITIZEN PARTICIPATION AND A CRITICAL HUMAN SERVICE

Millions of young adults, women, and low-income and minority citizens do not exercise their right to vote. In fact, more than 55 million Americans, many low-income and in need of federal assistance, are not even registered to vote, and young low-income and working parents are the *least* likely to vote. Members of Congress and other elected officials have succeeded in sharply limiting the national obligation to assist children and families in need as those needs have increased and become more complex. These issues are far too important to rely on limited voices to decide national policies.

The National Voter Registration Act of 1993 (the NVRA), commonly called the "Motor Voter Law," simplified the voter registration process and is helping Americans register at unprecedented rates. The NVRA requires states to register clients at state-funded offices when they get or renew drivers' licenses or when they apply for TANF (cash assistance), Food Stamps, Medicaid, WIC, and disability assistance. The NVRA also gives citizens the opportunity to register by mail. Since the law went into effect in January 1995, people have registered or updated their voting addresses at the rate of nearly 1 million per month in 42 states. It is estimated that 15 million new voters were registered prior to the '96 elections.[1]

In addition to an increased number of opportunities and locations to register, citizens are now able to register using the National Mail Voter Registration Form, a universal registration form accepted in almost every state (New Hampshire, Mississippi, North Dakota, and Wyoming have restrictions regarding the use of the form). This universal form makes registering easier and faster and is especially beneficial to people who wish to register in their home state and are temporarily living in another state—a practice especially popular with students.

The National Mail Voter Registration Form is now available to download from the internet (http://www.fec.gov/votregis/vr.htm) and the following states will accept printed copies on regular paper stock, signed by the applicant and mailed in an envelope with the correct postage: Alabama, Alaska, Arizona, California, Colorado, Connecticut, Hawaii, Iowa, Kansas, Louisiana, Michigan, Minnesota, Montana, Nebraska, New Jersey, New York, Oklahoma, Pennsylvania, South Carolina, Texas, Utah, Washington, and Wisconsin. For more information on voter registration requirements and elections see the Federal Elections Commission website at http://www.fec.gov/pages/electpg.htm.

[1] Human SERVE. (1996). Impact of the National Voter Registration Act: January through June 1996. New York: Author.

Despite the tremendous success of the NVRA, many citizens remain left out of the political process. **This is why Sec. 7b of the NVRA encourages "all non-governmental entities" to register clients. As long as your agency conducts nonpartisan voter registration, you will not be violating your tax-exempt 501(c)(3) status.** Under the law, **you can educate people** on the issues that are important to your agency, and **you can register and mobilize voters**, but you **cannot** tell them which party or candidate to vote for.

Human service agencies—child welfare agencies, day care centers, community health centers, settlement houses, family planning clinics, etc.—can routinely offer voter registration to their clients as a public service. Furthermore, under the provisions of the NVRA, your agency can sponsor voter registration drives in your community.

The true potential of public and private child-serving agencies to register voters has yet to be realized. Everyone should have an equal opportunity to vote—if the child welfare community takes action, we can make this opportunity a reality.

Getting Started Is Easy!

All United States citizens, including those who are homeless, are entitled to vote. Every election year offers the child welfare community an exciting opportunity to increase our voices and *children's* voices. Get started now!

- Make voter registration one of your agency's priorities in 1999.
- Assign one staff member to handle voter registration activities for your agency.
- Maintain an adequate supply of voter registration forms from your state election office and know the rules that must be followed in your state. Make sure that registration forms are available at your front desk or in your lobby area, and post signs inviting clients to vote.[2]
- Start simple! Before registering clients, start with your staff. By registering your entire staff you can be sure everyone knows the registration process and show early success in registering voters.
- Offer incentives to promote registration among staff (lunches, training opportunities, etc.).
- Routinely have appointed staff ask all clients as they enter the office (verbally or on intake forms) if they would like to register to vote. In addition, designated staff should be available to offer assistance should anyone need help in filling out the registration form or have questions about voter registration. Check to be sure that all applications are filled out properly.
- Encourage registered voters to exercise their right to vote and brief them on upcoming local, state and federal elections.

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[2] Mail-in registration is available in all but three states: North Dakota, New Hampshire, and Wyoming. ND requires no voter registration and WY allows residents to register on election day. Please speak with your town or city clerk in NH or county clerk in WY for more information in these states.

- Maintain a record of the number of people who register to vote through your agency. Additionally, you can photocopy the registration forms for use in mobilizing registered voters at election time.
- Hold voter registration drives in your community (at colleges, high schools, malls, grocery stores, parks, public events, etc.). Pick places and events attractive to the groups who most need to register: low-income individuals, youth, women, and minorities.
- Create coalitions with other organizations conducting nonpartisan voter registration. Encourage your staff and others to keep voter registration in the spotlight in 1999 and beyond. Your efforts *will* make a difference. Studies show that 70 percent of the people who are registered to vote by volunteer canvassers in welfare and food stamp offices actually vote in presidential elections.

Let us know about your voter registration activities. We want to be able to communicate to members of Congress that we have over 1000 agency members throughout the United States and the percentage of them that have registered their staff and are actively registering their clients on a daily basis. Elected officials listen to people who vote!

Get voter registration rolling in your agency and community today—help overcome the political marginalization of our country's most vulnerable citizens. This year and every year it will be one of the most valuable things you do for the children and families you serve.

STATE VOTER REGISTRATION DEADLINES

The deadlines listed below refer to the dates by which the voter registration application must be postmarked (or delivered to your local registration office).

Alabama:	10 days before the election
Alaska:	30 days before the election
Arizona:	29 days before the election
Arkansas:	30 days before the election
California:	29 days before the election
Colorado:	29 days before the election
Connecticut:	14 days before the election
Delaware:	20 days before a general election and 21 days before any primary election
DC:	30 days before the election
Florida:	29 days before the election
Georgia:	The fifth Monday before any general primary, general election, or presidential preference primary. The fifth day after the date of the call for all other special primaries and special elections.
Hawaii:	30 days before the election
Idaho:	25 days before the election by mail, 24 days in person, or election day at the polls
Illinois:	28 days before a general election and 29 days before a primary
Indiana:	29 days before the election
Iowa:	Must be delivered 10 days before the election, if it is a state primary or general election; 11 days before all others. Registration forms which are postmarked 15 or more days before an election are considered on time even if they are received after the deadline.
Kansas:	Delivered 15 days before the election
Kentucky:	28 days before the election
Louisiana:	24 days before the election
Maine:	10 business days before the election (or delivered *in-person* up to and including election day)
Maryland:	9:00 p.m. on the fifth Monday before the election.
Massachusetts:	20 days before the election
Michigan:	30 days before the election
Minnesota:	Delivered by 5:00 p.m. 21 days before the election (there is also election day registration at polling places)
Mississippi:	30 days before the election
Missouri:	28 days before the election
Montana:	30 days before the election
Nebraska:	The fourth Tuesday before the election (or delivered by 6:00 p.m. on the second Friday before the election)
Nevada:	9:00p.m. on the fifth Saturday before any primary or general election
New Hampshire:	Must be received by town or city clerk 10 days before an election or register at the polls on election day
New Jersey:	29 days before the election
New Mexico:	28 days before the election
New York:	25 days before the election
North Carolina:	Postmarked 25 days before the election or received in the elections office or designated voter registration agency site by 5:00 p.m. 25 days before the election
North Dakota:	ND does not have voter registration
Ohio:	30 days before the election
Oklahoma:	25 days before the election
Oregon:	21 days before the election (no deadlines for change of address or name or party registration)
Pennsylvania:	30 days before the election
Rhode Island:	30 days before the election
South Carolina:	30 days before the election
South Dakota:	Delivered 15 days before the election
Tennessee:	30 days before the election
Texas:	30 days before the election
Utah:	20 days before the election
Vermont:	Delivered to the town clerk before noon, postmarked or submitted to DMV on the second Saturday before the election
Virginia:	Delivered 29 days before the election
Washington:	30 days before the election (or delivered in person to the local voter registration office 15 days before the election
West Virginia:	30 days before the election
Wisconsin:	13 days before the election (or completed in the local voter registration office 1 day before the election or completed at the polling place)
Wyoming:	30 days before the election Wyoming also has election day registration at polling places.

APPENDIX IV

SEVEN STEPS TO MAKING THE CHILDREN'S LEGISLATIVE AGENDA A REALITY

Our Goal: To create a clear, powerful and effective voice for children. We must rally support for real change that will help children and their families now and over the long term.

1. Identify your Members of Congress.

* Use *CWLA Kids' Advocate Online*. Identify and access information on your Members of Congress just by entering your ZIP code! (See pp. 94-95 for more on information on *CWLA Kids' Advocate Online*)
* Call your community's voter registrar, or Democratic or Republican party headquarters.
* Call Capitol Hill Information and provide your ZIP code.
  ⇒ Senate operator, 202/224-3121/House operator, 202/225-3121
* Read up on your Members' personal histories in the *Almanac of American Politics* (available in most book stores and libraries).

2. Write to your Members of Congress and the White House.

* Write a personalized letter/postcard or sign a petition.
* Confine yourself to one subject area or bill and be brief.
* State the action you want your legislator to take.
* Use facts and personal experiences to back up your request.
* Don't forget to put your name and address on both the envelope and the letter.
* Use *CWLA Kids' Advocate Online* to identify current issues before Congress that affect children and families and immediately e-mail your Members of Congress and the White House.

When writing to elected or appointed officials, the following forms of address and salutation are recommended:

To the President:
The President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500
Dear Mr. President:

To the Vice President:
The Vice President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500
Dear Mr. Vice President:

To Senators:
The Honorable (insert full name)
United States Senate
Washington, DC 20510
Dear Senator (insert last name):

To Representatives:
The Honorable (insert full name)
United States House of Representatives
Washington, DC 20515
Dear Representative (insert last name):

3. Call your Members of Congress and the president.

* Leave your name, phone number, address, and a brief message (i.e. Vote no on H.R.4) —telephoning is most effective during the 48 hours preceding consideration of your bill. If you want your legislator to personally return your call, alert the staff.
* The White House — switchboard: 202/456-1414; comment line: 202/456-1111; fax: 202/456-2461; e-mail address: president@whitehouse.gov

4. Meet your Members of Congress.

* Make an appointment in advance.
* Select a spokesperson from your group.
* Demonstrate the concrete, local impact of the legislation or program.
* Listen carefully and know your facts.
* Encourage questions and answer with facts, not with arguments.
* Demonstrate the connection between what you are requesting and the Member's constituency.
* Be specific and state your needs simply.
* Leave promptly.
* Follow up with a thank-you letter that reminds the Member of your issue of concern.

Note: Even if you do not have a formal appointment, you should always let your Senators and Representative know you are in town. Stop by the Capitol and attend a session or a committee hearing. Leave a note at your legislator's office saying that you were there, and remind him/her of what you want supported or opposed.

5. Invite your Members of Congress, and their staff, to visit your agency.

* Have any board members, volunteers, or community supporters join you, especially those who may know the Member of Congress.
* Do a brief presentation, with the support of your staff, of your agency's mission, the children you serve, and the services you provide. Detail the severity of the problems facing the children and families you work with and the impact of these problems on the community at large. Use specific case examples. **Let your Members of Congress see the children and your programs firsthand.** Explain your funding sources and the critical importance of federal support.

- Encourage questions and a full exchange of ideas. Never underestimate how unfamiliar a Member of Congress may be with any one issue or with program specifics. Give facts and paint a vivid picture of the reality faced by the children you serve.
- Specify the federal programs that are most important to the children and families you serve and ask for your Member's support on specific votes.
- Follow up with a thank-you note to the Member for taking the time to visit. Reiterate your concerns.
- Do this on a regular basis.

6. Mobilize state and community contacts.

- Send (mail, fax, e-mail, and post on the internet) an alert to spread your message far and wide. Urge recipients of the alert to send it to their networks, boards, staff, coalitions, volunteers, and others.
- Set up and activate telephone trees to get the message out.
- Get on the agenda for community group meetings and statewide conferences (examples: neighborhood associations; civic groups—Kiwanis, Junior Leagues, etc.; and professional organizations—social workers, medical and legal professionals, etc.)
- Work with other individuals and organizations to maximize the volume of concern.

7. Work with the media.

- Organize press conferences and briefings on protecting abused and neglected children.
- Highlight new studies or data documenting how your community would be affected by proposed changes. Showcase positive reforms in your state and community and what might happen to them.
- Alert media to events that would provide good visuals, including meetings with your Representative or Senators present. Invite media representatives to your programs.
- Write op-eds and letters to the editor of your local newspaper. Time your op-ed and letters to correspond with a high visibility issue or event around child abuse and neglect or with a holiday like Mothers Day or Fathers Day.
- Meet with the editorial board of your local newspaper. Use this meeting to turn the attention to protecting children.
- Call in to radio talk shows that are discussing welfare or problems facing children, and make your case.

CWLA Kids' Advocate Online
www.cwla.org

What is it? CWLA Kids' Advocate Online is an internet service designed to assist with our advocacy efforts.

What does it do? CWLA Kids' Advocate Online gives users quick and easy access to information about Congress and enables users to electronically contact Congress on issues of importance to them and CWLA.

Features . . .

Find your Members of Congress: Don't know who your Members of Congress are? Find out by Name, State, Political Party, and even ZIP Code!

Contact Congress: Write to your U.S. Representative and Senators on issues which affect children and families. Choose from three options: send a standard CWLA-written letter about a current issue before Congress; modify the standard CWLA-written letter to suit your needs; write your own letter. Send the letter instantly by e-mail or print and mail the letter yourself. CWLA's online letters will be changed and new ones added as issues arise in Congress.

Congressional Directory: Access profiles of members of Congress, committees, and political party listings and search for the status of pending bills.

The Executive and Judicial Branches: Links to White House, Supreme Court, federal agencies and judiciary websites.

Today in Congress: Daily postings of the Senate and House schedules, including committee meetings, hearings and bills to be considered on the floor.

How can it help my advocacy efforts?

CWLA Kids' Advocate Online will keep you up-to-date on CWLA issues and enable you to respond to issues in Congress pertinent to children. CWLA Kids' Advocate Online is the quickest, most efficient means of making your voice heard on behalf of kids.

How can I use it?

1. Click on "CWLA Kids' Advocate Online" from the Advocacy page of the CWLA Home Page.

2. To identify your Representative or Senators, enter your ZIP code or search by state.

3. To write a letter to Congress, click on "Send a Message to your Members of Congress" and follow the instructions.

4. Select an issue to write on. Then select the paragraphs you want to include in your letter. If you wish, you can add your own paragraph(s) to the letter to include discussion of local situations that relate to the broader issue. This can be an extremely valuable resource. By referring to your own situation or the situations of other constituents, including the children and families your agency serves, you will help to make the issue more concrete to your Senators or Representative as they consider their vote.

5. When you have finished the letter, follow the directions to send it immediately to your Members of Congress by e-mail or print it and send it via U.S. Mail.

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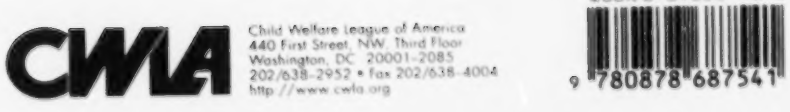

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